ELIGIBILITY

Programming grants are available to Sigma Lambda Beta International Fraternity, Inc. undergraduate entities that are active and in good standing.

EVALUATION CRITERIA

* Programs must contain educational, intellectual, cultural or professional development programming.
* Preference for programs that take place on campus.
* Programs must be non-alcoholic in nature.
* Programs must not be fundraising by nature.
* All groups must have an advisor helping with the program.
* All groups must agree to provide the SLBEF with pictures and a write-up of the event within a week after its completion or risk not being eligible for future grants.
* Quality of application (complete,clear, detailed, well‑written) is criteria for grant acceptance.
* Sound financial planning and a realistic marketing plan must be evident.
* In general, grant awards will not support full funding of any program. Applicants must demonstrate efforts to secure funding beyond this grant program. Exceptions may be made on a case-by-case basis.

APPLICATION DEADLINE

Applications must be emailed to [grants@slbfoundation.com](about:blank) at least one month prior to the proposed date of the program. Applicants should expect to receive a verbal or email notification on the status of their application within one-week, and to have complete processing within three weeks.

* **Applications must be typed and include all needed documentation.**
* **Be sure to answer all questions or your application may not be considered.**

**CONTACT INFORMATION**

Chapter/Colony:

(Must be in good standing with HQ)

Region:

Name of contact person:

Address:

Phone #:

Email:

Name of program advisor:

Phone #:

E-mail:

**PROGRAM INFORMATION**

Name of proposed program:

Date/time of program:

Location of program:

Did you request or plan to have an SLBEF or SLB official in attendance or presenting at this event? [Yes/No]

Anticipated # of SLB undergrad participants attending program:

Anticipated # of SLB alumni participants attending program:

Anticipated # of other participants attending program:

Total amount of SLBEF funding requested:

When would funding be needed?

Do you agree to provide the SLBEF with pictures and a write-up of the program within a week of its completion?

[Yes/No]

**Please answer the following questions regarding the proposed PROGRAM**

1. Please give a detailed description of the program.

2. What steps are you taking to ensure a successful program? (i.e., advertising, sending invitations, etc.)

3. Describe how your program will meet the four pillars (scholarship, leadership, cultural awareness, and community service) of Sigma Lambda Beta.

**Please complete the following budget INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION OF EXPENSES** |  | **AMOUNT** |  | **INCOME SOURCES** |  | **AMOUNT** |
|  |  |  |  |  |  |  |
| Facilities rental |  |  |  | SLBEF Grant Request |  |  |
| Food |  |  |  | Admission fees |  |  |
| Publicity |  |  |  | Other income |  |  |
| Honoraria |  |  |  | Co-sponsors (please list): |  |  |
| Supplies |  |  |  |  |  |  |
| Technical support |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Other (please list): |  |  |  |  |  |  |
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| **EXPENSE TOTAL** |  |  |  | **INCOME TOTAL** |  |  |

If expenses are greater than income, please explain what will be done about the difference:

**\*\* STAFF USE ONLY \*\***

*ACTION ITEM DATE COMMENTS*

Application Received: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Initial Verbal Contact: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved / Denied: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(circle one)

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SLBEF Amount Awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Sent: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-event Content

Received: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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