

**Reminder:** This form must be submitted via the [Co-Sponsorship Request Form](#) to the SSFC Chair. Co-Sponsorships must be completed at least 3 weeks before the event or program. Requests submitted less than three weeks prior to a purchase are not considered.

**Organization Name** \_\_\_\_\_ **Submission Date** \_\_\_\_\_

**Organization Contact Name (must be an authorized signer)** \_\_\_\_\_

**Organization Contact E-mail Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**SSFC Chair Signature** \_\_\_\_\_ **(date)** **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

This form should be used for any program which a collaborating organization or department is involved, even if the event is already listed in a partnering GSSF organization's budget.

Groups are only considered Co-Sponsors to an event if they are contributing financial resources, which include paid staff time or advertising.

Keep in mind:

- GSSF organizations are strictly prohibited from re-allocating segregated university fees to other organizations.
  - In other words, a GSSF organization cannot decide to give unused funds to another organization through the Co-Sponsorship of an event or program.
- The SSFC encourages collaboration but must also ensure that organizations pay their own portion of bills and contribute in meaningful ways to an event or program.

To Complete This Form

- Please complete the information at the top of Page 1
- Please complete ALL of Page 2
- Please complete ALL of Page 3
- Please submit via the GSSF Submission Form
- Once approved or denied, the SSFC Chair or a delegate will email you a confirmation of the decision and forward the confirmation of the decision to the SSFC Financial Specialist.

If you encounter questions, comments, or concerns, please contact:

SSFC Chair: [ssfc@asm.wisc.edu](mailto:ssfc@asm.wisc.edu)

SSFC Funding Advisor – Abbie Wagaman: [awagaman@wisc.edu](mailto:awagaman@wisc.edu)

Please provide the following information so that the SSFC Chair can carefully and effectively evaluate your Co-Sponsorship Request:

**Event Name:**

**Event Date(s):**

**Name of Group:**

**Primary Contact from Group:**

**Phone & Email of Primary Contact:**

**Category & Event Name in Approved GSSF Budget Spreadsheet:**

**Total Amount of Fund Contributed by Group:**

**Total Amount of Organizing/Planning Time Contributed by Group (in hours):**

**Please explain the types of tasks being done to help with the organizing/planning:**

**Please list the collaborating organizations/departments:**

(you can add or remove organizations as necessary, just make sure the budget worksheet below reflects how many are added or removed)

1. Organization Name:
  - a. Contact Name:
  - b. Contact Email:
  - c. Contact Phone:
  - d. Financial Contribution:
2. Organization Name:
  - a. Contact Name:
  - b. Contact Email:
  - c. Contact Phone:
  - d. Financial Contribution:
3. Organization Name:
  - a. Contact Name:
  - b. Contact Email:
  - c. Contact Phone:
  - d. Financial Contribution:

## Budget Work Sheet

Category	Your Organization	Collaborating Org. #1	Collaborating Org. # 2	Collaborating Org. # 3	Total
Honoraria/Fees	\$	\$	\$	\$	\$
Transportation	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$
Supplies	\$	\$	\$	\$	\$
Advertising	\$	\$	\$	\$	\$
Equipment Rental	\$	\$	\$	\$	\$
Food	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Please process all required business forms and paperwork at least 2 days prior to the contribution of any GSSF financial resources including paid staff time.