



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 in 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 GSSF Program Specialist.

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

SSFC Chair: ssfc@asm.wisc.edu

SSFC Funding Advisor – Elena Quintero: elena.quintero@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	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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.