

SAPFB
 AWARDEE

STUDENT ACTIVITY AND PROGRAM FEE BOARD

Funding Agreement

Email: sapfb@hawaii.edu

Phone: (808) 956-4830

I, _____, understand that SAPFB funds are subject to all of the University of Hawaii's purchasing and fiscal policies and procedures. I also understand that these funds may only be used for the purposes, stipulations, or special conditions approved by SAPFB as outlined in the award letter.

All recipients of SAPFB funding will not request or use funding from ASUH for the same event to which SAPFB has awarded funding. To do so, will forfeit the organization's awarded funding and may affect any future SAPFB funding.

All recipients of SAPFB funding must publicly credit SAPFB in any publicity releases related to the program funded. Credit line shall read "Funded (in part) by the Student Activity Program and Fee Board." The credit line shall be printed in a font no smaller than 12 points. Failure to publicly credit SAPFB may affect any future SAPFB funding.

All recipients ARE REQUIRED TO submit (1) a post-activity evaluation form AND (2) FISCAL FORMS WITH ORIGINAL RECEIPTS OR SUPPORT DOCUMENTS IN ORDER TO RECEIVE REIMBURSEMENT. DEADLINE: THESE MATERIALS must be received by SAPFB no later than **December 7, 2009 at 4:00 pm in Campus Center 208**. All unencumbered funds will automatically revert to the SAPFB upon completion of the project.

I have read and AGREE TO ABIDE BY THE FUNDING AGREEMENT REQUIREMENTS.

Print Name of Organizational Representative

Signature of Organizational Representative

Current Mailing Address

City, State, Zip Code

Phone Number

UH E-mail Address

Date

Name of Organization

SAPFB Chair Date

SAPFB Advisor Date

***Late exception will be granted only for credit and debit card statements that cannot be retrieved by the December 7, 2009 due date. However, credit and debit card statements that can be retrieved before the December 7, 2009 due date, but are not submitted on time, will result in a cancellation of funding.**

**** Any concerns regarding late documents must be discussed with the SAPFB Chairperson and Advisor a minimum of 2 weeks prior to the event date. FAILURE TO DO SO WILL BE VIEWED AS A VIOLATION OF THIS AGREEMENT AND MAY RESULT IN CANCELLATION OF FUNDING.**

DEADLINE WAIVED (SAPFB APPROVAL: _____ XXXXXXXXXXXX _____ Date: _____)

Reason for Waiver: _____ XXXXXXXXXXXX _____