



2016 -2017 Budget Proposal Form

University of Massachusetts Lowell

Graduate School Association

Date of Submission: _____

Graduate Club/Organization: _____

Primary Contact Person: _____ **Phone Number:** _____

E-mail Address: _____

Event Name: _____

Date of Event(s): _____

Location of Event(s): _____

Amount of Money Request: _____

Please describe the event(s) in 250 words or less:

Please list any alternate sources of fundraising for event(s) (i.e.admission charge?):

Breakdown of the Budget Request: (or submit a proposed budget)

Please list any other previous events sponsored by this club/organization:

Please list any other planned activities for the year:

Submitted By: _____

Signature: _____

GSA Approval: Yes No Amount Allocated: _____

GSA Signature: _____

Notes: