| **UNC Gillings School of Global Public Health Research and Innovation Solutions**  **Student Organization Service Award Application**  **Service Project Proposal Form** | | | | |
| --- | --- | --- | --- | --- |
| **Student Organization Name:** |  | | | |
| **Project Title:** |  | | | |
| **Primary Contact:** | **NAME**: | | | **EMAIL**: |
| **ORGANIZATIONAL POSITION**: | | | **e-SIGNATURE/DATE:** |
| **ANTICIPATED GRADUATION**  **(provide semester and year to the right):** | | |  |
| **Student Organization Officer:** individual(s) providing approval and support of this proposal and budget | **NAME**: | | | **EMAIL**: |
| **ORGANIZATIONAL POSITION**: | | | **e-SIGNATURE/DATE:** |
| **Primary Geographic Scope (select by entering an “X”)** |  |  | **Local (NC or US)** | |
|  |  | **Global** | |
| **Project Description (goals, objectives, specific activities):** | | | | |
|  | | | | |
| **Impact:** | | | | |
|  | | | | |
| **Project Period (start, end, duration):** | | | | |
|  | | | | |
| **Service Target (community or group who will directly benefit from the service):** | | | | |
|  | | | | |
| **Community Partner(s):** | | | | |
|  | | | | |
| **Qualifications to Conduct the Service Project:** | | | | |
|  | | | | |
| **Feasibility (SWOT – Strengths, Weaknesses, Opportunities, Threats):** | | | | |
|  | | | | |
| **Other Considerations:** | | | | |
|  | | | | |
| **Reminder: 3 pages (single spaced 12 pt. font) is the maximum length for the above portion of your application. Budget information follows.** | | | | |

| **UNC Gillings School of Global Public Health Research and Innovation Solutions**  **Student Organization Service Award Application**  **Budget Request & Justification Form** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Student Organization Name** | |  | | | |
| **Project Title** | |  | | | |
| **Budget Period** | | **START**: | | **END**: | |
| **Service Project Participants** | | | | | |
| **Name**  (remember to include faculty mentor) | | **Role** | **Organization (or Affiliation)** | | |
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| **Service Project Costs** | | **Explanation, Justification, and Calculations** | | | **Amount** |
| **Supplies & Materials** | |  | | |  |
| **Printing** | |  | | |  |
| **Communications** | |  | | |  |
| **Travel** | |  | | |  |
| **Lodging** | |  | | |  |
| **Meals** | |  | | |  |
| **Parking** | |  | | |  |
| **Consultant Fees** | |  | | |  |
| **Other (detail required)** | |  | | |  |
|  | **TOTAL BUDGET REQUIRED TO COMPLETE PROJECT**  **(NOTE: Maximum available from this AWARD is $1,500)** | | | | **$** |
|  | | | | | |
| **OTHER FUNDING & RESOURCES TO BE LEVERAGED** | | | | | |
| **Other Funding and/or Supporting Organization**  (Other Funding, if any, must be in place at the time of the application; if not applicable, enter “N/A” below) | | **Description: Provide explicit details concerning the use of these funds or resources in relation to this project** (e.g., $200 donation from xxxxx will be used to finance the printing of posters that will be displayed two weeks before the event at the 3 NC Public Health Clinics) | | | **Amount** |
|  | |  | | |  |