| **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** |
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| **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** |
|  |  |  |