This page is a summary of your grant application and must be submitted by all those who apply for Cooper/Promise Fund grants. This form should be on the top of your accompanying proposal. Due date: by noon Monday, February 23, 2015, to June Cianfrana, Department of Art, in Beardsley 215. You must submit 13 double-sided copies on three-hole paper separated by paper clip (no staples). Photocopying may be done at Office Services at no cost but you must be sure to allow enough time for them to do this.

I. PRINCIPAL AUTHOR OF APPLICATION

Name: ___________________________  
Signature: _________________________  
Phone: ____________________________  
E-mail: ____________________________

organization represented (if any):

faculty or staff advisor (for student individuals & groups):

II. WHO & WHAT?

Kind of event (circle one): 1 2 3 4 5 6 7 8

1. Symposium  5. Performing Arts: Dance
2. Lecture/Reading  6. Performing Arts: Theatre
3. Lecture/Reading Series  7. Visual Arts
4. Performing Arts: Music  8. Other

Title of event:

Names of Speakers/Performers (include affiliations for speakers):

Capsule Description of Main Event (fit into this space):

Capsule Description of Other Activities (i.e. workshops, demonstrations, etc.):

List of Supporting Documents Provided: (resume, reviews, tapes, etc.):
III. WHEN & WHERE
Proposed Date(s):  *please provide alternate dates if possible, if not, please let us know.*

Proposed Venue:

* N.B. If LPAC, specify whether Cinema, Pearson-Hall Theatre, or full space; all LPAC proposals must be cleared w/Jim Murphy, jmurphy2, before submitting final application.

IV. BUDGET SUMMARY
Provide here the total figures in each category; provide a per-person breakdown in the proposal narrative, including details on modes of transportation and from where. Round all figures to the nearest $10.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoraria for Speaker(s)/Performer(s) (total):</td>
<td>________________________</td>
</tr>
<tr>
<td>Transportation costs (total):</td>
<td>_______________________</td>
</tr>
<tr>
<td>Lodging costs:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Location:</td>
<td>_______________________</td>
</tr>
<tr>
<td>LPAC charges:</td>
<td>_______________________</td>
</tr>
<tr>
<td>(Attach estimate from Jim Murphy for all performing events)</td>
<td>_______________________</td>
</tr>
<tr>
<td>Hospitality: Reception following event:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Hospitality: Meals for speaker(s)/performers(s):</td>
<td>_______________________</td>
</tr>
<tr>
<td>(if not eating w/members of campus community. A private dinner with speaker/performers for sponsoring group is NOT FUNDED BY COOPER)</td>
<td>_______________________</td>
</tr>
<tr>
<td>Publicity Costs:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Other (explain in detail in narrative below):</td>
<td>_______________________</td>
</tr>
<tr>
<td>Other Total:</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT REQUESTED FROM COOPER/PROMISE GRANT:** _______________________

Please note: The Cooper Fund will not honor per diem requests.
V. SIGNATURE OF EVENT SPONSORS

If multiple departments/organizations/groups are sponsoring this event, the responsible party from each group should sign here; provide e-mail and phone numbers for each person. Student groups MUST get a signature from the faculty or staff member who will assist them in organizing and producing the event.

Name: 
Group Represented: 
Signature: 
Tel: 
E-mail: 

Name: 
Group Represented: 
Signature: 
Tel: 
E-mail: 

Name: 
Group Represented: 
Signature: 
Tel: 
E-mail: 

For Faculty/Staff Advisers: I am happy to sign-on as an advisor for this event and will work with: _________________ in the planning and production of it by meeting regularly, and assuring that all final details are taken care of. It is also expected that if this grant is awarded, I will meet with Maurice Eldridge or Jim Murphy for a review of logistics.

Name: 
Department: 
Signature: 
Tel: 
E-mail: 