Undergraduate Activities Fund (UAF) Application Form

Your application must be in the format given below and included as an attachment, in a Word document only and formatted for an 8-1/2 x 11 page size. The application summary should be <u>no more than five pages in length</u> (excluding this cover page). If needed, applicants may include their budget as an Appendix (limited to two pages). Please submit your application via to Alicia Warkentin; EOAS Senior Program Assistant; Undergraduate Programs; <u>awarkentin@eoas.ubc.ca</u>.

Guidelines for UAF Application Review	Points
Quality and rationale of argument	5
Articulation of student/team/group's role in the department, including purpose, history, achievements to date, short and long term goals	5
Impact of project on student learning (how many students are involved directly and indirectly and how engaged are students in learning?)	5
Influence of project on EOAS department's reputation on a local, national, or international level	5
Quality of application form (including adherence to application format, spelling, grammar)	5
Thoroughness, clarity, and transparency of budget (have other funds been solicited and/or secured?) * Note: If budget is missing OR the amount applied for violates Section V.2.7 in the guidelines, application will not be considered for funding	5

Based on calculated average, the following formula will be used to calculate student project funding amount. The EOAS Undergraduate Finance Committee reserves the right to increase or decrease this amount based on the Department's funding allotment.

Points	% of funding awarded
30	100
29	95
28	90
27	85
26	80
25	75
24	70
23	65
22	60
21	55
less than 20	0

Students should use the UAF website, https://www.eoas.ubc.ca/academics/ugrad/organizations to check eligibility and application regulations.

Have questions or need clarification? Please contact the Undergraduate Club Council at ugradcouncil@eoas.ubc.ca.

	Title and type of request (project, travel, conference, event):				
Principal Applicant (club Pay to (club name):	or one individual):				
Contact Person:					
Department-Specialization	on-Year (EOAS-GEOL-4):				
Contact Email:					
Contact Phone:					
Club/Group Email (if app	licable):				
All corresponde	ence regarding this application will be a	ddressed to the Pr	incipal Applicant		
	List of Students Eligible for	· Funding			
Name	Department/Specialization	Year	Email		
Does the principal applicant or co-applicant have any conflict of interest with the EOAS Undergraduate Finance Committee? Y/N:					
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Summary:
Provide a rationale to support your project request in 150 words or less.
Student/Club/Group role in the Department:
Provide a clear, concise statement of the student/club/group role in the department including
purpose, history, achievements to date, short and long term goals.
Impact on student learning (answer may vary depending on project):
 What are the expected outcomes? Explain how this project will contribute to the development of students' professional skills.
 What are the direct, short-term benefits? What are the long-term benefits?
How many students are involved?
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Students Benefiting from the Project

Please identify travel/conference/event beneficiaries who have not already been listed as "List of Students Eligible for Reimbursement". If unknown, identify approximate number of students served both directly and indirectly. If needed, applicants may include this list within the Appendix.

Name/Group/Club	Department/Specialization	Year(s)	Directly	Indirectly

Influence of the project on department's reputation on a local, national or international level:
Thoroughness, Clarity, and Transparency of Budget:
Create one budget using the table below (add more rows if needed)
If needed, applicants may include their budget as an Appendix (limited to two pages)
Indicate funds requested from UAF and any funding from other sources, received (R) or applied for (A). Students are highly encouraged to seek alternate sources of funding to support their proposal.

Sources of Income	Amount	Funds: Received (R), or Applied for (A)
TOTAL Income		
Expenses	Amount	Justification
TOTAL Expenses		

PLEASE LIMIT APPLICATION TO FIVE PAGES

The PAF committee will not consider any additional material except what has been outlined in this application

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PROJECT TITLE:			
PAY TO (CLUB N	IAME):		
FOR USE BY UA	F REVIEWERS ONLY		
SPEEDCHART: L	EJJ	UAF APPLICATION FOR FUNDING	: <u>2019W-20</u>
PROJECT REFER	ENCE: <u>19W-</u>	OVERALL SCORE:	
RECOMMENDE	D FUNDING: ☐ Yes ☐ No	AMOUNT:	
COMMENTS: _			
SIGNED BY:			
		signatures required nce Executives only	
APPROVED:	Renee Haggart; Director of	Resources & Operations	
DATE:	(YYYY/MM/DD)		