University of Rhode Island Alumni Association
Funding Request Form

(Completion of this form is required for your funding request to be considered.)

Date of submission_____________________________________

Project name ___________________________ Applicant ___________________________
Department ___________________________ Address ___________________________
Phone ___________________________ E-mail address ___________________________

Amount requested $__________________ (budget detail must be attached)

If approved, check to be made payable to which organization or department?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Summarize the project to include goals and objectives:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Timeline for objectives to be achieved: ______________________________________________________

How will this project benefit the University community and/or the Alumni Association? How will the Association be promoted?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other URI funding source supporting this project:
Source ________________________________________________________________

Amount requested ___________________________ Amount awarded ___________________________

Prior proposals submitted to the Association:
Project ________________________________________________________________

Amount requested ___________________________ Amount awarded ___________________________

Signature required ___________________________
(Dean VP, Provost, or President)

Follow-up material required. Include photos, brochures, or program booklets within 4 weeks after the event.

Mail this form with budget detail attached to: Angela Brunetti, P.O. Box 1579, Kingston, RI 02881 or angiebrunetti@uri.edu