



OFFICE OF THE DEAN OF STUDENTS

FRATERNITY & SORORITY LIFE

SECURITY FUNDING REQUEST FORM

Submit completed form to: Newcomb Hall, Room 149 ▪ P.O. Box 400177 ▪ Tel: 434-924-7430 ▪ Fax: 434-243-2007

The University has limited funds available to provide grants for partial payment of security costs at non-University social events. The sponsoring organization understands and agrees that if such a grant is made, the sponsoring organization has and retains all fiscal and legal responsibility for the event. The sponsoring organization further understands and agrees that the University's failure to provide a funding grant for security services does not absolve the organization from its own responsibility to maintain and provide adequate security and safety at its social events.

Prior to completing this form, please review the following:

- ✓ **Form must be submitted to FSL no later than 2 weeks before the event.**
- ✓ Funding is only reserved for uniformed University or Charlottesville Police staff.
- ✓ FSL cannot cover expenses related to the hiring of non-police staff.
- ✓ Organizations are responsible for arranging all security needs and complying with applicable risk management policies.
- ✓ Priority for funding is given to organizations planning on-Grounds events.
- ✓ Funding will not be granted to organizations planning events that create a calendar conflicts with another group.
- ✓ Consideration will be given to organizations that are in good academic standing, compliant with Newcomb Hall, and are in good standing with University and Charlottesville Police.

To be completed by sponsoring organization. Please type or print the following:

Sponsoring Organization: _____

Organization Contact Information (name, phone, email): _____

Event Name & Description: _____

Event Date, Time, & Length: _____

Event Location: _____ On or off Grounds? On Off

Date Form Submitted: _____ Form submitted at least 14 days before event? Yes No

Brief explanation of expense: _____

I have read and understand the Office of the Dean of Students | Fraternity and Sorority Life's policies and expectations on event funding requests:

Sponsoring organization representative signature: _____

Office Use Only

FSL Approval Signature: _____

This Transaction Total: \$ _____

Disbursement Type: *(Check one and complete the information required)*

- Internal transfer by UVA service provider (Original receipt attached)
- Payment of invoice directly to vendor (Original invoice attached)

Vendor Name: _____
(If not previously registered with UVA, will also require a Vendor Registration form)

- Reimbursement
 - Attach original receipt(s)

Payee Name: _____

UVA Computing ID: _____

Phone: _____

Local Address: _____

Date Received: _____ Date Approved: _____ Receipts Received? Yes No

