

# REQUEST FOR APPROVAL OF CROWDFUNDING

Today's Date \_\_\_\_\_

## PROJECT INFORMATION

Project Title: \_\_\_\_\_

Faculty/Staff/Student: \_\_\_\_\_ E-mail \_\_\_\_\_ Ph \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Fundraising Goal: \_\_\_\_\_

Use of FHSU Facilities, Resources, Equipment, or Space      YES      NO

Project description:

How will you use the money raised?

Into what fund would you like the money deposited?

Note: Attach project budget to this form (required)

## APPROVALS (Obtain signatures or attach documentation)

NAME	SIGNATURE	DATE
FACULTY/STAFF/STUDENT	_____	_____
DEPARTMENT HEAD	_____	_____
DEAN OF COLLEGE OR SCHOOL	_____	_____
VICE PRESIDENT (STUDENT AFFAIRS, ADMINISTRATION AND FINANCE OR PROVOST)	_____	_____

Please complete this form and email to \_\_\_\_\_.