

Applicant Information

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Student Activities and Coca-Cola® Grants: Statement of Agreement

This form must be completed and submitted within 10 business days of grant award notification email as part of applicant's pre-event meeting with Student Activities in order for this grant award to be unaffected. Please note:

Submission of this agreement begins the process for your grant award request. It will take approximately 3-5 weeks to receive the award check and groups should plan accordingly.

Name Of Filliary 74	opilicant							
Student Group Or University Department Name				Stude	Student Group ID #			
Event/Project Ir	nformation							
Grant Application Nu								
Please list the amount awarded in each initiative:	Administrative \$	SSF Event	Coke Activity \$	Coke Development \$	Coke Sustainability \$	Coke Academic \$	Coke Product \$	
Name of Event/Proje	ect			•				
For: Registered Student Group: Campus Life Program /University Department/Individual Student (w/ Departmental Sponsorship) EFS # Fund Dept ID Program CF1 CF2								
I understand that the funding received from these grant initiatives is contingent upon the participants defined in the grant application completing the activities described. I also agree that any changes to the funded activities and participants must be communicated to and approved by a Student Activities Advisor.								
I agree on behalf of myself and all others receiving this award that if the activities are not carried out as described, the grant award can be affected or rescinded.								
I agree to complete aware that student of entire event/initiative receipts, receipt cop	roups/University to the post-even	departments a	re required to be eview by a Stud	oring receipts, invoident Activities staff	ces, and/or other member for all gr	financial docum rant awards. (Or	nents for the nly original	
In publicizing the grant project, I agree to use the appropriate <u>Grant Logo(s)</u> on all materials (link available in your original award notification email).								
Signing this form constitutes agreement that the individual(s) listed accepts the responsibility as the authorized contact for the grant on behalf of themself, the group(s) or department.								
Signature (Primary Contact)					Date			
Signature (Partnering Group)				Date				
Signature (Partne	ring Group)		Date					
For Student Activit	ties Use Only:	Date	submitted:		Advisor in	nitials:		