

OAA Faculty Special Event Fund Application (Fall 2019)



Faculty Contact

Name	
Department	
Name of Event	
Date of Event	
Location of Event	

ALL CATERING/HONORARIUM REQUISITIONS AND REIMBURSEMENT REQUESTS MUST BE COMPLETED WITHIN 30 DAYS OF EVENT

OAA Policy

It is the policy of the Office of Academic Affairs that funds requested for guest speaker stipends be for events that are open to Hostos community. Funds cannot be assigned for speakers who will only present during regularly scheduled class sessions.

Applications must be submitted by the deadlines below to Patricia De La Hoz Pena (pdelahozpena@hostos.cuny.edu) in the Office of Academic Affairs via email or hardcopy. Award notification will be sent via email on the dates indicated below.

Submission Deadline

Thursday, September 5
Thursday, October 3
Thursday, October 31
Wednesday, November 27

Award Notification Date

Wednesday, September 11
Wednesday, October 9
Wednesday, November 6
Wednesday, December 4

Event Description

Briefly describe your event

How many overall participants are expected? _____

Please approximate the number of participants expected from each group.

Faculty _____ Staff _____ Students _____ External Community _____

Requests

Please indicate which of the following is being requested:

- _____ Provost's Attendance _____ Dean's Comments _____ Funds for Theater
- _____ Provost's Comments _____ Guest Speaker Stipend
- _____ Dean's Attendance _____ Refreshments

Budget Request

Please indicate the amount requested

If requesting a stipend, explain below how you determined the amount.

- Stipend _____
- Refreshments _____
- *Other _____
- Total:** _____

* If "other" is indicated, briefly describe how the funds will be used.

Please indicate if funding from another source will be used to supplement OAA funds. If yes, identify source and amount.

COA Support

In order to process stipend and invoice payment, CUNYfirst procurement access is required. Please indicate below the name of the COA who will assist with CUNYfirst procurement related tasks.

Name _____

Coordinating Faculty Member

By submitting this application, I affirm that I take full responsibility for the coordination of this event and agree to manage all related tasks, including publicity, space reservation, public safety communication, invoice receipt and payment, collection of forms to facilitate stipend payment, etc.

Signature	
Date	

Chairperson's Approval

Signature	
Date	

Academic Council Approval – For administrative use. Requesting faculty should not complete.

Amount Awarded _____

Date _____

Comments: