

# OAA Faculty Special Event Fund Application (Spring 2017)



## Faculty Contact

Name	
Department	
Name of Event	
Date of Event	
Location 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 Shimyia Sinclair ([SHSSINCLAIR@hostos.cuny.edu](mailto:SHSSINCLAIR@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, February 2

Thursday, March 2

Thursday, March 30

Thursday, April 27

### Award Notification Date

Wednesday, February 8

Wednesday, March 8

Wednesday, April 4

Wednesday, May 3

## 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: