

Need Money for an Event? SAFC can help!

SAFC can help make your ideas a reality!

The Student Activities Funding Committee (SAFC) allocates funds from student fees for special events, lectures, and performances to enrich the cultural environment of the university and enhance campus life. The committee approves funding for programs from student organizations, individual students, faculty, and staff members of the university community. Programs funded by SAFC must be open to all university students, faculty, and staff.

To obtain a proposal form or if you have any questions, please contact the SAFC Advisor at 312-413-5079.

If your event occurs during these dates...

...Then you must turn in your Program Proposal by these dates...

...And present your proposal to the Committee on this date



Week of Program
(Allow six weeks planning)

Latest Submission Deadline
(Due by 3:00 pm)

Committee Review (3:00pm-5:00pm)
(Meeting locations vary)

Mar. 27 - April 4, 2010

Feb. 19, 2010

Mar. 1, 2010

April 4 - April 11, 2010

Feb. 26, 2010

Mar. 8, 2010

April 12-April 18, 2010

Mar. 5, 2010

Mar.15, 2010

April 19- May 2, 2010

Mar. 19, 2010

Mar. 29, 2010

NO programs may be scheduled during the following dates:

- Labor Day: Sept. 7, 2009
- Thanksgiving: Nov. 26-Nov 29, 2009
- Fall Finals and Winter Break: Dec. 7, 2009-Jan. 10, 2010
- MLK, Jr. Day: Jan 18, 2010
- Spring Break: Mar 22-26, 2010
- Spring Finals and Summer Break: May 3-Aug 23, 2010

Money is limited. Submitters are encouraged to apply as early as possible within the structure of the deadlines.

Each organization is limited to a maximum of 8% of the overall budget for the entire year. There is a maximum of 4% (\$7,000) for a single day event and 8% (\$14,000) for an event series.

All proposals are due by 3:00 pm on set dates and must be complete in order to be considered.

Promotional Menu



for SAFC funded events

Marketing and publicity are the keys to any successful event. It is important that you or your group take the time to plan an effective marketing/publicity strategy to promote your event. Below are both helpful hints for promoting SAFC funded events. Please keep them in mind when developing your proposal and planning your marketing/publicity campaign.

Each SAFC funded program should be mass marketed and target marketed. The ads in the newspaper, flyers, and posters will reach a mass market. Other strategies should be employed to reach the targeted market segments that are most likely to attend the event.

SAFC requires the program to be advertised at least one week before the date of the program.

Cost of Promotions:

Newspaper Ads	1/8 page	¼ page	½ page	Full page
<i>UIC News</i>	\$75	\$150	\$250	\$500
<i>UIC Flame</i>	\$100	\$200	\$395	\$795

UIC Publications:

Printed Material (Design Fees)

Promotional Package \$300.00

(includes design of **one** of following: banner, newspaper ad, table tents, 11"x17" poster, 8.5"x11" flyer, 4.25"x5.5" hand bills)

Printed Material (Reproduction)

6 x 3 Banners	\$83.00 ea
9 x 3 Banners	\$114.50 ea
12 x 3 Banners	\$146.00 ea
8.5"x11" Black and White Flyers*	\$0.06-\$0.08 ea. depending on paper
8.5"x11" Full Color Flyers	\$0.60 ea.
11"x17" Black and White Poster*	\$0.11 ea.
11"x17" Full Color Posters	\$1.00 ea.
4.25" x 5.5" Handbills*	\$0.08 per sheet

Other Ideas:

Lightboxes (Monthly) (must reserve space. 3 box minimum)	\$123.75
Student Massmail	\$125
Faculty/staff and Student Massmail	\$250
Campus Posting Organizations rate (50 Flyers/Poster)	\$25
Campus Posting Departments rate (50 Flyers/Poster)	\$35

Publication Options:

- Emails to listservs
- Flyers to RA's (45 needed)
- Stuffing residence hall mailboxes (600 needed)
- Posting on UIC Announce
- Teaser program in high traffic area
- Facebook

*prices reflect copies made in Campus Programs copy center on Astrobright paper.

SAFC PROGRAM PROPOSAL CHECKLIST (SUBMIT WITH APPLICATION)

Student Organization:

Name of Presenter (s):

Name of Event:

Application

Three (3) Letters of Support

- At least 2 letters from student organizations and the third letter can be from a student organization, student, staff or faculty or department.

Biographies/Resumes of ALL Performers

Room Confirmation(s)

Sample Publicity Included

Will you be using UIC Publication?

Yes No

Program Proposal



FILL IN ALL APPROPRIATE LINES. *Please type or print clearly.*
APPLICANTS MUST BE UIC STUDENTS!

Personal Information

Name _____ Alternate Contact _____
Organization _____
Position/Title _____ Alternate Position _____
Address (campus address if applicable) _____
City _____ State _____ Zip _____
Phone: _____ E-mail _____ Alternate Email _____

Program Information

Name of Program/Event _____
Description/Purpose _____
Semester _____ Date _____ Day of Week _____ Hours of Event From: _____ To: _____
Room Reserved _____ Expected Attendance (be realistic) _____
What students, student organizations, or departments are assisting in the productions of this program?

List any previous programs funded by the SAFC _____

Budget Information (This is a summary of the information on pages 2 and 3 of this proposal)

A.	Entertainment Fees – Grand Total (pg. 2).....	A.	_____
B.	Publicity – Grand Total (pg. 2).....	B.	_____
C.	Technical Support – Grand Total (pg. 2).....	C.	_____
D.	Other Expenses – Grand Total (pg. 2).....	D.	_____
	Subtotal —Cost of Program (A+B+C+D).....		_____
E.	Funds from Other Sources (pg. 3).....	E. (subtract)	_____
	SAFC Request – Grand Total [(A+B+C+D)-E].....		_____

FOR OFFICE USE ONLY:

Received by _____ Date of Submission _____ Time _____
Date of Proposal Meeting _____
Changes made at review meeting _____
Approval _____ Denials _____ Abstentions _____ Final Total Budget \$ _____

Detailed Budget Information -- Please list requests for SAFC funding first in each section.

A. Entertainment Fees – Speaker(s), artist(s), film(s), etc. *NOTE: Please enter speaker/artist details on page 4*

Name	Service (e.g., lecture, concert)	Amount of SAFC Request	Amount Funded by Other Sources
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Subtotal (1) \$ _____	Subtotal (2) \$ _____

A. ENTERTAINMENT FEES GRAND TOTAL... (Enter on pg. 1, Line A.)..... \$ _____

B. Publicity Costs – Indicate specific items, sizes, quantities, etc.

	Amount of SAFC Request	Amount Funded by Other Sources
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Subtotal (1) \$ _____
		Subtotal (2) \$ _____

B. PUBLICITY COSTS GRAND TOTAL... (enter on pg. 1, Line B).....\$ _____

C. Technical Support – Indicate specific itemization for audiovisual, lights, sound, and other technical items needed.

	Amount of SAFC Request	Amount Funded by Other Sources
_____	_____	_____
_____	_____	_____
		Subtotal (1) \$ _____
		Subtotal (2) \$ _____

C. TECHNICAL SUPPORT GRAND TOTAL... (Enter on pg. 1, Line C).....\$ _____

D. Other Expenses – Indicate ALL other expenses (e.g., travel, parking coupons, hotel, etc.)

	Amount of SAFC Request	Amount Funded by Other Sources
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Subtotal (1) \$ _____
		Subtotal (2) \$ _____

Speaker/Artist Information

Provide the following information for paid speaker(s)/artist(s) that will be paid by SAFC. Please include the Social Security Number (SSN) or Federal Employee Identification Number (FEIN). **We cannot pay the performers without this information.** Missing information may delay approval of funding.

NOTE: NON-U.S. CITIZENS MUST RECEIVE SPECIAL APPROVAL TO RECEIVE ANY PAYMENTS.

(See SAFC Advisor prior to submitting proposal)

1) Speaker/Artist Name _____ SSN/FEIN* _____

Is payment made out to above name? Yes No If not, specify agency/group _____ FEIN _____

Contact Person (if different from above) _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Email _____ Date of Performance(s) _____ Time of Performance(s) _____

Legal Status: Corporation Individual Not-For-Profit Other: _____

2) Speaker/Artist Name _____ SSN/FEIN* _____

Is payment made out to above name? Yes No If not, specify agency/group _____ FEIN _____

Contact Person (if different from above) _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Email _____ Date of Performance(s) _____ Time of Performance(s) _____

Legal Status: Corporation Individual Not-For-Profit Other: _____

3) Speaker/Artist Name _____ SSN/FEIN* _____

Is payment made out to above name? Yes No If not, specify agency/group _____ FEIN _____

Contact Person (if different from above) _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Email _____ Date of Performance(s) _____ Time of Performance(s) _____

Legal Status: Corporation Individual Not-For-Profit Other: _____

*Note: If individual, SSN; if paying agency or group, FEIN