

**UNIVERSITY OF MICHIGAN-FLINT  
OFFICE OF INSTITUTIONAL ADVANCEMENT  
UM-FLINT STUDENT ANNUAL FUND GRANT REQUEST FORM**

The University of Michigan-Flint Annual Fund is the single most important source of unrestricted giving to the University. The Annual Fund provides funds for University activities not covered by designated income and supports those projects that foster excellence in education, teaching, research and service. UM-Flint Annual Fund grants, ranging from \$50 to \$500, are available to members of the University community. If you receive an Annual Fund Grant, you must submit to the Office of Institutional Advancement, within two weeks following the conclusion of the project, a written report and budget summarizing the project outcome and the use of the funds. Please submit the following documentation to the Office of Institutional Advancement (810-767-2150), 432 N. Saginaw Street, Suite 1001, Flint, MI 48502-1950.

- 1. Completed UM-Flint Funding Application Cover Sheet**
- 2. One-page description of the project**
- 3. Detailed budget and copies of related materials**
- 4. Chartfield information to initiate the account transfer**  
(Forms will not be processed without correct chartfield account numbers)

Student Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Student Organization: \_\_\_\_\_ Club Advisor: \_\_\_\_\_

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

**PROJECT TYPE** (Please check all that apply:)

- Research       Equipment Purchase       Program Development       Community Outreach  
 Other \_\_\_\_\_

**PROJECT TIME PERIOD:** Begins \_\_\_\_\_ Ends \_\_\_\_\_

**TOTAL FUNDING REQUIRED:** \$ \_\_\_\_\_ Annual Fund Request: \_\_\_\_\_

If you have sought or will seek funding from any other University resources, please identify:

Source(s): \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**SIGNATURES**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Student Club Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Assist. Vice Chancellor for SSEM: \_\_\_\_\_ Date: \_\_\_\_\_

**Signatures of the Assistant Vice Chancellor for SSEM, and the Club Advisor are required only if the Annual Fund Request is submitted on behalf of a UM-Flint student club or organization.**

*Chartfield Information (REQUIRED):*

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_ P/G: \_\_\_\_\_