**Please list all events and programs you intend to have for the 2015-2016 school year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Month/ Year** | **Event Name** | **Anticipated Cost** | **Collaborating Organizations (if applicable)** |
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|  |  | **TOTAL:** |  |

**2015-2016 ANNUAL BUDGET REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Amount Requested** | **Anticipated Vendor** | **Which event(s) is the item for?** |
| **Independent Contractors** |  |  |  |
| **JHU Professional Services** |  |  |  |
| **Non-JHU Professional Services** |  |  |  |
| **Non-reusable Items** |  |  |  |
| **Copies/Flyers** |  |  |  |
| **News Print Publications** |  |  |  |
| **Bound Publications** |  |  |  |
| **Registration Fees** |  |  |  |
| **Reusable Items** |  |  |  |
| **Travel** |  |  |  |
| **Wages** |  |  |  |
| **Food** |  |  |  |

**Total Amount Requested: $\_\_\_\_\_\_\_\_**

**2014-2015 REQUESTED INVENTORY FORM**

**If your organization is requesting 2015-2016 SAC annual funding for Reusable Items, please complete the following section:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item description** | **Quan-tity** | **Estimated Total Cost** | **Storage location** | **Name of Person Responsible for Item Possession** | **JHED ID of Person Responsible** | **Email address of Person Responsible** |
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|  |  | **TOTAL:** |  |  |  |  |

**CURRENT INVENTORY FORM**

**Organization Name and Budget Number:**

If your organization does not have a current inventory of Reusable Items, please check here: \_\_\_\_\_\_\_\_\_\_\_\_\_

If your organization currently has an inventory of Reusable Items, please complete the following form:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item description** | **Quan-tity** | **Estimated Total Cost** | **Storage location** | **Name of Person Responsible for Item Possession** | **JHED ID of Person Responsible** | **Email address of Person Responsible** |
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|  |  | **TOTAL:** |  |  |  |  |