

**For Staff Use ONLY:**

DATE TURNED IN: \_\_\_\_\_

RECIEPTS REQUIRED? Yes / No

UNIVERSITY OF MINNESOTA

**2009-2010 Student Activities and Coca-Cola® Grant Initiative**

**Statement of Agreement**

Upon notification of your grant award, please call Student Activities to schedule your pre-event grant advising meeting at 612-626-6919. You will then submit this form to a Student Activities Advisor and your meeting will take place in Student Activities, 126 Coffman Memorial Union, 300 Washington Avenue SE, Minneapolis, MN 55455. **You must also agree to schedule your post-event meeting and submit all follow-up paperwork within 30 days of your event. This agreement will begin the process for your grant award request. It will take approximately 3-5 weeks to receive your check.**

<b>Application Number</b> -Must be listed or paperwork will not be processed!					
<b>Please list the amount awarded in each initiative:</b>	Administrative \$	SSF Event \$	Coke Activity \$	Coke Development \$	Coke Academic \$
Name of Initiative/Event Title					
<b>Name of Primary Contact Person for Grant</b>			E-mail address		
Name of Student Group/ University Dept			<b>All Student Groups:</b> Group ID# _____ <b>Campus Life Groups/Univ. Depts. ONLY:</b> EFS # Fund    Dept ID    Program    CF2 -----		
Mailing Address				Phone Number	
Street address					
City		State		Zip code	

I understand that the funding received from these grant initiatives is contingent upon the participants defined in the grant application completing the activities described. I agree on behalf of myself and all others receiving this award that if the activities are not carried out as described, I will repay the University of Minnesota the full amount of this grant as listed above. I also agree that any changes to the approved and funded activities and participants must be communicated to and approved by a Student Activities Advisor.

**I further agree to complete the Project Evaluation, Financial Report, and submit all receipts within 30 days upon completion of the project.** I am aware that Student groups/University departments are required to bring receipts, invoices, and/or other financial documents for the entire event/initiative to the post-event meeting for review by a Student Activities staff member for all grant awards. For grant awards over \$2,000, I will bring copies of receipts, invoices or other financial documentation that Student Activities will keep. (Original receipts, receipt copies, or invoices. MUST contain the name of supplier, location, date, and dollar amount. Any receipt that does not meet these qualifications will not be accepted.)

**In publicizing the grant project, I agree to use the appropriate Grant Logo(s) on all materials (available at [www.sua.umn.edu](http://www.sua.umn.edu) and also included in this mailing). I also agree to advertise this event on the Campus Events Calendar at <http://events.tc.umn.edu>.**

I further understand that failure to complete any part of the process and/or submit required paperwork could result in consequences for my group, department, or self.

Signing this form constitutes agreement that the individual listed and signing as the Primary Contact for the group(s), department, or individual applicant accepts the responsibility for being the authorized contact for the grant. **Any change in the address or telephone numbers of the authorized contact must be communicated to the Grants Coordinator (saogrants@umn.edu) in the Student Unions & Activities by the effective date of change.** Signing this form also indicates responsibility for completion of the initiative and the administration of grant funding in accordance with its original terms and conditions and any other special conditions established by the granting agency.

Primary contact signature \_\_\_\_\_ (For partnerships, add other signatures)

For further information, please call 612.626.6919, or stop by Student Activities, 126 Coffman Memorial Union, 300 Washington Avenue, SE, Minneapolis, MN 55455. (FAX: 612.624.9124)