Thank you for considering co-sponsoring a program with the Center for Cultural Enrichment. We are offering this checklist as an informational sheet which will help you to write your co-sponsorship request.

In order to receive space reservations or funding from the Residential Life-Inclusion via the CCE, your program needs to directly benefit students living in the Residence Halls and be “open” to students from the Residence Halls. Below some specific criteria are outlined for each type of co-sponsorship that you may request:

1. In order to receive assistance with advertising for your program or event, you must submit a flier via e-mail to CCE@housing.wisc.edu and the CCE will communicate with you the methods available for distribution.

2. In order to reserve the CCE for your program/event on a night that we are open, your request will be routed to the CCE staff working that evening and will be approved based on CCE staff needs for programming space. We have several days set aside each semester that we are using for student organizations to have programs and meetings in order for students to have access to the variety of student organizations on campus.

3. In order to reserve the CCE on a night that we are not “open” you will need to find a CCE member or Housing student staff member to host you, this staff member must agree to be present during the entire event.

4. Your program can be targeted toward a certain population, please indicate that in the program information (ex. Chimera Women's self defense)

5. In order to receive monetary support for your program, you must submit your proposal via the following forms and meet the following requirements: the program must tie into the identity month topic; you must follow the outlined planning process below. The maximum amount of money that is granted will not exceed $50 (please note that this amount will only be increased in special circumstances)

Guidelines:

___ 1) Request is being made at least 2 weeks in advance.
___ 2) Organization is providing at least half the amount of funding needed to put on the program or is receiving that money from other sources
___ 3) Co-Sponsorship Request Form is completed with attachment requested (two weeks in advance)

Planning process:
Your request will be routed to the appropriate CCE staff member based on the information that you provide in the Request form. If you are requesting to use a hall space, you will need to indicate on the form which hall and space you would like to use.

Once your request has been approved, there are several steps that will need to be followed in a timely manner. Your CCE PA “host” will help you to understand the timeline needed for completion of the tasks.
1. Using funds from Housing means that you will need to assist us in providing our financial services department with necessary ITEMIZED receipts. State funds cannot be used for certain items and you must be able to give an itemized receipt for all purchases. Our expectation is that you will be prompt in assisting us with this very important task. The CCE staff will be making the purchased directly if your program is approved. If you make purchases on your own, it is at the cost of your organization and reimbursements will not be provided.

2. To submit a space reservation for the CCE, go to: https://housing.ems.wisc.edu/
   a. If you are having an event in a campus (Non-Housing) location we cannot assist you with the reservation for that space.

3. A Food Service Request Form will need to be completed.
   a. Housing food service must be given first opportunity to provide food for requested event. If housing cannot accommodate the request, other options may be discussed.

Please place all forms in an envelope labeled:

**DIVERSITY PROGRAMS CO-SPONSORSHIP REQUEST**

Attn: Center for Cultural Enrichment 125 Witte Hall and drop off the form at the CCE. During closed hours, drop off the form at the Witte Hall Front Desk. **You can also e-mail the form to:** CCE@housing.wisc.edu
Co-Sponsorship Request Form

Event Information (Please print legibly)

Group/ Co-Sponsor:________________________________________________________
Name of Event:_________________________________________________________
Specific item requested: _____Advertising _____Space Use _____Funds/funding

Type of Advertising: Flier _____ E-mail_____ Amount of Funding Requested: _______

Location requested:_____________________________________________________

Central (Gordon/DeJope) ____ Residence Hall ____ Name_______________ CCE _____

Date of Event:_______________ Time: From:______ To:_______

Name of Co-Sponsor Contact:______________ Phone:____________

Email:______________ Pro. Staff/ Student Advisor:______________

If you are requesting the space on a weekend when we are not open, who have you contacted to “host” you in the space? ____________________________(must be a Housing staff member) If you need assistance with finding a “host” please indicate this.

Request for funds (Provide estimated cost, vendor name, and items needed)

*Protocol for purchasing supplies will be discussed pending approval.

Total Cost of event:______________ Amount Requested From Housing Funds______________

Amount Provided By Co-Sponsor Organization______________

Please attach an event description addressing the following:

1. Description of the event including any other collaborators on the event.
2. How does this event tie into the identity month* that it will happen during?
3. How does this event directly benefit Housing Residents?
4. Which Housing residents are you targeting (if you are) – ex: international residents, LGBTQ+ residents, Transfer Students, First Generation students etc.
5. How will you be advertising this event – do you want help- attach a flier if you have one.
6. Is this event open to all residents or a subset of residents (and which residents, ex. “PEOPLE students” etc.)
7. How much money are you requesting from Housing and how much money is your organization putting into the event.
8. What are you requesting the money for (supplies, food, paying an entertainer, advertising etc.).
   Are you requesting that we assist in purchasing the items?

*Identity Months
January & February: Race March: Gender & Gender Expression April & May: Religion & Spirituality

Office Use Only | Approval
Request Approved______ Request Approved with changes_____ Request denied_____ 
Reason:__________________ Professional Staff Supervisor_________________________
Funding amount and type (food card/credit card/check and check number)__________