

Student Group Matching Grant Program Request Form

Step 1:

Contact the Catering department at (607) 777-2925 at least 2 weeks in advance of your event to request a quote. Please give as much detail as possible (for example: number of guests, food items specified, etc.)

Step 2:

Print and complete this form in its entirety.

Step 3:

10 days prior to your event, send your completed form and catering order for your event to:
Lori Benson, Marketing Director | Lori.Benson@sodexo.com
Without submission of both documents, your request may not be considered.

Step 4:

If approved, Binghamton University Dining Services may match *up to half* of your total catering bill, not to exceed \$500.

Organization Name: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Faculty/Staff Advisor: _____

Faculty/Staff Advisor-Phone: _____ Email: _____

Event Date: _____ Time: _____

Location of event: _____

Event Description:

Charity to Benefit: _____

This event qualifies for the Matching Grant Program due to:

- It helps combat hunger or raise hunger awareness at a local level.
- It helps to promote diversity awareness on campus or in our community.
- Direct community benefit to local youth programs or projects.
- Other benefit to the community (please describe below)

For Office Use only:

Date Approved: _____ Amount of donation: _____