

This questionnaire is a required form that must be submitted to the Accounting Office during the formation of the club and at the beginning of every fiscal year. It may be completed by any club leader, but must be certified by the Faculty Advisor.

Date: _____ Applicant & Title: _____

Phone #: _____ Email Address: _____

1. What is the name of the Club/Student Organization?

2. Does the club have use of a tax ID number (not Liberty's) from a parent organization or their own? Yes No

3. What governing body will manage this club/organization? Please select only one:

SGA/SBA Academic Department Other

4. What sources are anticipated to fund the activities of this club? Please check all that apply:

Parent Organization Funds External Donations
 Membership Dues Ticket Sales
 Fund Raisers Other (Please specify): _____

Faculty Advisor Certification:

I agree and recognize that if my club/organization anticipates receiving funding from sources other than SGA and DOES NOT have its own usable tax ID, then my club/organization will be categorized as a category 3 club or special purpose organization under its respective department. This means that I, the faculty advisor, am now the budget manager for this club/organization and hereby agree to maintain all fiscal responsibilities (including, but not limited to: Pcards/requisitions, approval chains, Finance policies, and all required training classes, etc.) set by the University.

If I check this box, I also realize that this means the Accounting/Finance Departments of Liberty University will need to create new FOAPALs unique to this club/organization, to which I will obtain viewing access in ASIST and manage properly. Therefore, I am anticipating that if my club/organization is determined to be a Category 3 or special purpose of its respective department, then this club/organization intends to operate under this same category as long as it exists, and cannot be changed.

Printed Name

Signature

Date

Official Use Only

APPROVALS:

VP or Executive of Managing Division: _____ Date: _____

Finance Review: _____ Date: _____

Category 1 – Updated W9 on File? Date Rec'd: _____

Category 2

Category 3 – FOAPAL: _____ / _____ / _____ (account) / 50

Special Purpose within Department – FOAPAL: _____

Student Club/Organization Long Form Questionnaire (Dates: sent on _____ returned on _____)

SGA Leadership (if applicable): _____ Date: _____

Date SGA Confirmation Notice Sent to Club: _____