

AA. AS-SBVC Funding Request - Mid Year

Indicate your priority # for this event: _____

ASSOCIATED STUDENTS FUNDING REQUEST – MID-YEAR
For 2007-2008 Fiscal Year
Associated Students – Office of Student Life

Name of Organization: _____

Student Officer: _____ Phone: _____

Email: _____ Advisor Name: _____

(For Registered Clubs) What year did the club first register? _____

Purpose of the organization: _____

Name of Event/Description: _____

How does this event affect your mission? _____

Estimated Date of event? _____ # of Students event affects: _____

Proposed site of event? _____

Will admission be charged? YES NO Is it for fundraising? YES NO

In the past, have you received A.S. Funding for this event? YES NO

Line Item Costs	Cost Breakdown	Amt. Requested	Senate Finance Recommendation (office use only)	Amount Allocated (office use only)
1. Printing/Copying				
2. Contracts (ex. DJ, Speaker)				
3. Supplies				
4. Security				
5.				
6.				
7.				
8.				
TOTAL				

By signing below, I declare my personal and thorough understanding of the regulations required to request funds from the Associated Students. I further declare my understanding that requested funds come directly from the sale of ASB Stickers and should be thus utilized accordingly. If funded, my organization agrees to open the event to all SBVC students and to list the Associated Students as a co-sponsor of this event on all publicity. I understand that if the above organization fails to recognize the AS on all publicity, it may be asked to repay the amount allocated. I understand if the above organization fails to have the event, the organizations will return the above allocated funds to the AS within the above stated fiscal year.

Student Officer Signature: _____ Date: _____

Club Advisor Review/Signature: _____ Date: _____

Signature certifies organization is currently registered with the Office of Student Life
 Questions, contact Nikki Schaper, Director of Student Life at (909)384-8986