

COS Student Representation Fee Application/Funding Request

Date of Request: _____

Date Received by ASB: _____

Group Name: _____

Names of All Students Involved in the Activity: _____

Group Advisor: _____

Phone Number: _____

1) Provide a detailed description of the project for which you are requesting funding (attach flyers, brochures, agendas, information on time and place, as appropriate).

2) Describe the impact and end results this request will have, if funded, under the intent of Education Code Section 76060.5 as described in Section I of the Student Rep Fee Guidelines. (Your response to this question will provide the basis for the "percentage" of funding.)

3) List any campus organizations, statewide organizations, student groups who will also be involved in this activity.

4) List a detailed budget for all costs to be considered for funding.

Supplies \$ _____

Travel \$ _____

Lodging \$ _____

Food \$ _____

Rental \$ _____

Other (specify) \$ _____

TOTAL \$ _____

5) List other sources of funding you plan to use to support the project.

6) If the request involves travel, please complete and attach the Associated Students or Club Travel Request Form.

Project Approval:

ADVISOR

As the advisor for this project, I am aware of and understand all of the guidelines and I accept the responsibility to assist the student(s) in the successful completion of this request.

Name (print) _____

Title (print) _____

Signature _____

STUDENT(S)

As the student(s) submitting this project funding request, I (we) am (are) aware of and understand all of the guidelines and accept ultimate responsibility to complete this request within all of the policies and procedures of the COS ASB and Siskiyou Joint Community College District. I (we) understand that if I (we) do not attend or do not otherwise meet the requirements of the Student Representation Fee funding proposal, the ASB requirements, and attendance agreement, I (we) will be held financially responsible to reimburse the Student Representation Fee for the costs incurred.

Name (print) _____

Signature _____

Name (print) _____

Signature _____

Name (print) _____

Signature _____

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Request Approved by ASB Senators? _____ Request Approved by ASB Advisor?

Date of Action _____

If Approved, Amount or Percentage Given _____