STUDENTGO		FOR ASG USE ONLY:			
	ASG CAB Approved/				
	Denied:	Received by: Received on://			
2	Amount: \$	Project Plan Date:/ Project Plan Tracking #:			
HELL SEE	Budget #:				
CEVUE COU	Services and Activities	(S&A) Fee Funding Request			
PLEASE NOTE: This fo	orm must be filled out completely upon being submitted	for review. Incomplete funding requests will be returned to you. Additionally, all			
clubs and programs a	are required to report back about the event, travel, or act	tivity that were funded by the Services and Activities Fee during the ASG Board of			
Directors meeting im	mediately following the event, travel, or activity. Otherw	vise, there is risk of being denied any further funding. You may provide pictures,			
		ty that has been sponsored by the ASG must have an ASG and S&A logo on it. A			
completed funding re	equest may be presented in the next ASG Board of Direct	ors meeting that falls more than 48 hours after ASG has received the request.			
Name of Event/	'Activity:	Club/Program Name:			
Student Name:	, , , , , , , , , , , , , , , , , , ,	Faculty/Staff Advisor:			
Student ID:		Advisor Phone #:			
Student Phone	#:	Advisor Signature:			
Student BC Ema	ail:	Date of Event:			
Today's Date:		Prepared by (if different from above):			
When do you want to		of Directors (see posted meeting schedule)?//			
 Any Club/Pro 	gram that is in violation of the ASG By-Laws				
 Direct religio 	us worship, exercise or instruction, or the promotion of r	non-secular beliefs			
 Campaign co public agency 	• •	e used as a gift or campaign contributing to any elected official or employee of a			
_	following questions upon completion of your funding	ng request: (for Y / N questions – circle one)			
•	the mandatory Student Programs Project Plan? Y/N				
•		19 academic year? Y / N Signature of Coordinator			
•		Events Coordinator? Y / N Signature of Coordinator			
when was your club,	rerogram first chartered/established? (year and Quarter)) (how long your Club/Program has been in existence)			

How many active members participate in your Club/Program? (members that regularly attend events, mtgs, and other Club/Program functions) How much funding has the ASG provided your Club/Program during this academic year? \$
How much has your Club/Program fundraised during this academic year? \$
Is your fundraising allocated to this project plan? Y/N if no; which project?
Explain the event/travel/activity for which you are requesting funding:
How will your event/travel/activity support the Club/Program's vision, mission, and goals?
If you are purchasing equipment/supplies, where is this equipment to be stored on campus?
What are your fundraising plans for this academic year? Have you received authorization for fundraising?
Is this event/travel/activity supported by another department? Please provide information on how the department is providing support. If the department is NOT providing support please explain why.
Do you have fundraising money stored at the Bellevue College Foundation – if so, for what event/travel/activity?
For this academic year, have you previously received funding from ASG? If yes, please explain for what, when and how much?

Required Materials/Needs:

- Description of goals, objectives, learning outcomes, target population, expected use by students and/or faculty and the benefit(s) to the Bellevue College community (limit to a maximum of TWO pages).
- Description of item/s requests (limit to a maximum of THREE paragraphs); include URL of item/s or similar item/s.
- Letter/s of support from your advisor, staff member or faculty.

Funding requests will be reviewed by the ASG Executive Board and Representatives on a case-by-case basis, as funds are available. Requests should be relative to the education and success of Bellevue College students, as directed by the ASBC Financial Code. **ASG Board of Director meetings are held the second and fourth Wednesday of each month, September to June.**

Cost Breakdown - Please complete all boxes

*Personnel costs (custodial, public safety, porter, Events Program Coordinator, theater technician, etc.)

			Cost Per	# of	
	Item	Vendor	Unit	Units	Total Cost
Printing Costs			\$		\$
Food/ Beverage					
Costs*			\$		\$
Supplies/					
Material			\$		\$
Performer Costs			\$		\$
Travel Costs			\$		\$
Conference Fees			\$		\$
Miscellaneous			\$		\$
				TOTAL	

Other Sources of Funding

Fundraised Amount in Foundation	
	-\$
Department Support	
	-\$
Club/Program Member	
Co nov	
Со-рау	-\$
S&A Account Balance	
	-\$
Other (Donations or Sponsorships)	
	-\$
Total	