SADDLEBACK COLLEGE
ASSOCIATED STUDENT GOVERNMENT
Funding Application 2009-2010

The Associated Student Government's Department of Treasury and its facilitators make every effort to empower the Saddleback student body and to overall improve Saddleback College's campus and campus life. The Department of Treasury, through the ASG Student Senate, Inter-Club Council, & Events Cabinet representatively, will strive to fund programs and individuals that meet the student success objectives and that provide a service to the students of this college.

The programs and requests to be considered for ASG funding must support student success and meet one or more of the following criteria:

- Benefit the student body
- Impact education
- Enhance Campus Life
- Generate ASG Revenue
- Serve the Community
- Historic Support for Proposal

Date_____

Your Name _____ Phone_____ E-Mail _____
Division _____ Department/Program_____ Advisor_____
Event Name_____ Event time/date_____

Please attach the following information on a separate piece of paper:

1. Description of event. Has this event been funded previously? Has there been a previous request for this event during this year? What is the purpose of the event? Does this event meet the aforementioned mission statement and criteria?
2. Will your program generate money?
3. Approximately how many people (students, faculty, community) will participate in and/or benefit from this activity/event? Please outline any plan you may have to publicize your project on campus and make students aware?
4. Is your program or event off-campus? If so, are you aware of the ASG policy to fund only 65% of any off-campus program or event? Do you have a funding source other than ASG to provide the 35% difference?
5. What are your fundraising strategies? Are you using funding from any sources that are not ASG?
6. Have you tried to the best of your ability to find the lowest costing products of comparable quality? Will you be serving food at your event? Are you aware that funding for food must be received by the district AT LEAST 2 weeks prior to the event?

For Office Use Only Approved on __/__/__ by _____
Account Number(s):_____
Notes:

Budget

List all budget items for which funding is being requested. Include cost and total amount for each item requested. (Insert additional rows if necessary.)

Please be sure to specify if any of the items purchased are food products; which requires advanced approval.

Item	Vendor	Total Cost	Amount Requesting
Total		$	$

Optional survey:

1. How can ASG make this application form better?

2. How long did you work on this application?

3. Is there anything we can do to enhance our application process?

*Applicants Signature*_____ Date__/__/__

*Dean/Advisors Signature*_____ Date __/__/__