



ASSOCIATED STUDENTS OF FOOTHILL COLLEGE

12345 EL MONTE ROAD • LOS ALTOS HILLS • CA 94022-4599 • Telephone: (650) 949-7281 • Fax: (650) 941-4574

BUDGET REQUEST FORM Fiscal Year 2013-2014

Rules regarding budget requests: In accordance with our Budget Commission Code (adopted June 21, 2012), full or part time faculty, staff, or administrator of the FHDA district are not allowed to make fund requests, regardless of whether or not they have paid the student body fee. All programs seeking funds need to have a student representative who will lobby on behalf of the program.

1. A. Name of Item/Program/Service: _____
- B. Date of proposal: _____
- C. Student representative: _____
 Phone number: _____
 Email address: _____
- D. Permanent employee who will be responsible for maintaining the fund(s)
 Printed name: _____
 Signature: _____
 Phone number: _____
 Email address: _____

2. A. Total amount requested in FY 2012-2013: \$ _____
- B. Total amount granted in FY 2012-2013: \$ _____
- C. Total amount being requested for FY 2013-2014: \$ _____

3. Please summarize the Department/Program/Service proposal.

4. Please state how the funds would support the Associated Students of Foothill College's Mission Statement, Goals and Visions, attached.

5. Explain and justify how these funds will serve present and future students.

6. Describe any efforts to obtain funding outside of ASFC.



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- 7. A. The estimated # of students that will benefit from this proposal: _____
- B. Are there any benefits to students who hold the Owl Card (i.e. discounts)?

9. Will this request be a one-time only expense? (Circle) YES NO

10. Please describe and list this service's/group's past accomplishments.

11. Do you wish to present the proposal in person before the Budget Commission, even though the commission may not require it of you? YES NO

12. Please attach any other relevant documents and materials to this form.

(Please use another sheet of paper to answer any of the above questions if you run out of space.)

RETURN TO THE OFFICE OF STUDENT ACTIVITIES (Room 2009)

By Monday, November 26 at 12pm.

PLEASE GET A RECEIPT OF DEPOSIT FOR PROOF OF SUBMISSION
WHEN YOU HAND IN YOUR BUDGET REQUEST FORM

OFFICE USE ONLY

Received by:

Date received:

Hearing date:

Action taken:

Comments:
