FUNDING REQUEST FORM

ASCOCC requests that all funding proposals be submitted to the *President* (ascocc.president@cocc.edu) and the *Director of Financial Affairs* (ascocc.finance@cocc.edu) at least two weeks before the intended payment. The ASCOCC Council may expedite consideration of a funding request with a two-thirds vote. This form is intended for **non-event** funding requests. If you are planning an event and hope to request additional funding, please fill out the Event Proposal Form.

Name:_____

Pronouns (optional):_____ **Date Submitted:** _____

Email: _____ **Phone Number:**_____

Role at COCC(circle all that apply): STUDENT FACULTY STAFF

Primary Campus: Bend Madras Prineville Redmond Online

Title/Purpose of Payment: _____

Co-sponsoring Organization, Club or Department (if applicable):

_____

What are the requested funds being applied to (circle all that apply):

SPEAKER FEES FOOD ADVERTISING MATERIALS

TRAVEL COSTS GENERAL DONATION OTHER:_____

*ASCOCC can provide all disposable cutlery, napkins, and tableware

Date/Time Needed By: _____

Total Requested Sponsorship Amount($): _____

TYPED PROPOSAL:

Applicants are required to submit a typed proposal to ASCOCC; this will detail as much of your proposal information as possible. What it is you hope to achieve or create with this funding? How will it enrich personal, academic and professional knowledge for students, and the greater community on campus? We ask that you include a breakdown of what the overall funding will go towards. We also encourage you to include any mockups or designs of promotional content or materials. It is crucial that there is adequate outlining ad elaboration provided with this proposal; it is part of how the Council informs its decision to approve or deny your request, so make sure to spend some time with this part of your application. After your typed proposal is complete, please send it as an email attachment or staple it to the back page of this application.

PAYMENT INFORMATION(if awarded):

On Campus (please circle one)

-Club/Student Organization -Sodexo

-Department

Off Campus (please circle one)

-Online Purchases -Local Vendors

-Speakers/Musicians

*If utilizing services off campus, additional forms may be required. Please follow up with the *Director of Financial Affairs* (ascocc.finance@cocc.edu)

Payment Method (circle one): REIMBURSEMENT CHECK ASCOCC CREDIT CARD

If you circled reimbursement check, please fill out a reimbursement form and submit it and the itemized receipts to the Director of Financial Affairs (ascocc.finance@cocc.edu)

For ASCOCC Council Use Only-

Date received: _____ Date Considered: _____

Motion: _____ Second: _____

Yea: Nay: Abstain: Result: