



Return this **COMPLETED** form to the office of Student Activities and Advocacy, studentactivities@marin.edu

PLEASE NOTE: ASCOM CANNOT FUND GIFT CARDS OR RAFFLE ITEMS.

Date Submit: _____ Organization/Club Name: _____

Contact person: _____ Title: _____

Phone: _____ Email: _____

Dollar amount being requested: \$ _____

PROPOSAL:

1. Describe the purpose of the fundraising request. What will it accomplish?

2. If funds are for an event, list the location, date and time (be specific) - *During COVID-19, if the fundraiser is online, you must provide details on where, when, and how you will implement this fundraiser:

3. How will the event be publicized (be specific)?

4. List all other community and campus groups, organizations or departments that will be involved in the event and the nature of their involvement:

5. What will the funding be used for? Be specific and attach a **detailed budget**.

OFFICE USE ONLY

☐ ASCOM Minutes: _____

☐ Approved FULL Requested Amount

☐ Approved PARTIALLY Funded Amount \$ _____

☐ **NOT** Approved

Reason: _____

☐ Tabled

Reason: _____

ASCOM Board Member: (print) _____ X_(sign) _____

Director of Student Activities and Advocacy: (print) _____

(sign) _____