



SPRING 2023 Request for ASCOM Funding Form

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.
PURCHASE OF ALCOHOL IS PROHIBITED WITHOUT EXCEPTION.

Date Submit: _____ Organization/Club Name: _____

Contact person: _____ Title: _____

Phone: _____ Email: _____

Dollar amount being requested: \$ _____

PROPOSAL:

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

2. If funds are for an event, list the location, date and time (be specific).

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, including any additional funding sources.

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) _____