COLLEGE OF MARIN
ASSOCIATED STUDENTS

STUDENT ACTIVITIES AND ADVOCACY OFFICE
studentactivities@marin.edu 415.485.9376

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.

Date Submitted: _____ Organization/Club Name: _____

Person of Contact: _____ Title: _____

Phone Number: _____ Email: _____

Dollar Amount Requested: $_____

FUNDING 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. If the funding event is online, you must provide details on where, when, and how you will implement this fundraiser. Please be specific.

3. How will the event be publicized? Please 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: _____ X _____
(print) (sign)

Director of Student Activities and Advocacy: _____
(print)

_____
(sign)