FUND REQUEST FORM 2013-2014

Rules regarding fund 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:
2.	a.	Student representative:
	b.	Phone number:
	C.	Email address:
3.		Permanent employee who will be responsible for maintaining the fund(s) Printed name: Signature:
		Signature:
		Phone number:
		Email address:
4	Т	otal amount being requested:
т.	•	otal amount being requested.
5.	Ple	ease summarize the item, program or service proposal.
6.	De	scribe any efforts to obtain funding outside of ASFC.
7.		The estimated number of students that will benefit from this proposal: What are the benefits to students who have an Owl Card (discounts)?

12345 EL MONTE ROAD · LOS ALTOS HILLS · CA 94022-4599 · TELEPHONE: (650) 949 7281 · Fax: (650) 941 45				
8. Please desc	. Please describe and list this group's past accomplishments.			
9. Please prov	Please provide a complete break down of cost.			
Quantity	Item	cos		
	TOTAL \$			
10. Please atta	ch any other relevant documents and materials	to this form.		
(USE ANOTH	ER SHEET OF PAPER TO ANSWER ANY OF THE SHEET OF PAPER TO ANSWER ANY OF THE SHEET OF	THE QUESTIONS		
	TURN TO THE ASFC SECRETARY, OR THE VICE PLACE IN ONE OF THEIR BOXES IN THE STUDE OFFICE, ROOM 2011.			
PLEASE T	URN FORMS IN BY 12PM THE FRIDAY BEFORE 1	THE TUESDAY ENDA.		

ACTION TAKEN:

NOTES: