



ASSOCIATED STUDENT GOVERNMENT

# FUNDING REQUEST

From Whom Are You Requesting Funds?

SOC Requested Amount \$ \_\_\_\_\_

Senate Requested Amount \$ \_\_\_\_\_

**REQUEST DEADLINE FOR EACH BRANCH:**

**SOC:** 3 weeks before event date

**A:** 4 weeks before event date

**SOC & Senate:** 5 weeks before event date

Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Club or Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Account Balance: \_\_\_\_\_ Account # \_\_\_\_\_

Total Funds Requested: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please list other members of your planning committee. Name, and status, staff/faculty/or student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Program Information

Name of Program: \_\_\_\_\_

Location or potential location of program: \_\_\_\_\_

Description of program: \_\_\_\_\_

How does this program align with the mission of your club and the institution?

\_\_\_\_\_

What is the major objective you want your audience to take away from this program?

\_\_\_\_\_

Who is the principle audience of this program?  Students  Faculty/Staff  Community

What is the expected attendance? \_\_\_\_\_

## Program Costs

You will need to fill out attach two forms with your request - **the Expense Projection Form** and the **Income Projection Form** outlining the budget for your program/event. You can find the forms at [https://my.mhcc.edu/ICS/Campus\\_Life/Forms.jnz](https://my.mhcc.edu/ICS/Campus_Life/Forms.jnz)

**\*\*\*Please submit this form to SOC Chair if you are applying for SOC Funds.**

[ASG.SOCrep@mhcc.edu](mailto:ASG.SOCrep@mhcc.edu)

**\*\*\*If you are applying for Senate Funds, please submit to ASG Finance Affairs Rep.**

[ASG.Finance@mhcc.edu](mailto:ASG.Finance@mhcc.edu)



**THIS PORTION FOR OFFICE USE ONLY**

**SUBMIT FORM TO ASG FINANCE AFFAIRS REP FOR PROCESSING**

**THIS PORTION FOR OFFICE USE ONLY**

Request # \_\_\_\_\_

SOC: 52-3700-00-7516

SOC                       Senate

Senate: 52-3703-00-7649

Date Presented:                      \_\_\_\_\_                      \_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_

Dated Decided:                      \_\_\_\_\_                      \_\_\_\_\_

SOC \$ \_\_\_\_\_

Decision:                                      \_\_\_\_\_                      \_\_\_\_\_

Senate \$ \_\_\_\_\_

Signatures: (checked if required)

Finance Rep: \_\_\_\_\_

Chair-SOC: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_