



ASBG Finance & Budget Committee 2009-20010 Policies and Instructions

Advisor: Brooke Hyman
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Deadlines:

- Applications must be submitted by 12:00pm on the Monday before you wish to present to the Budget & Finance Committee. You will then present at the ASBG Finance & Budget Committee meeting within the same week on Wednesday at 2:00 in G103. Please coordinate this with Brooke Hyman at bhyman@hancockcollege.edu or the ASBG Treasurer at asbgtreasurer@hancockcollege.edu
- **Organizations must present the funding proposal to the committee**

Eligibility:

- Only AHC students, staff or faculty are eligible for funding. Only clubs approved by ASBG are eligible for funding.
- Proposals received from organizations will be reviewed on a case-by-case basis.

Eligible Events:

- Events must substantially benefit the AHC student community.
- **Only planned programs with detailed cost breakdowns (line item budget) and vendor quotes will be considered.**

Support:

- Full funding is never guaranteed.
- **Please remember that funds do run out as the year progresses.** It is in your best interest to apply for funds as early as possible.

Items that will not be funded:

- Alcoholic beverages

Obligations of the Organization:

- **Prior to the Event:**
 - Collect all paperwork, methods of payment, and any other important materials for the organization or applicants.
 - Submit all required documentation:
 - Completed application
 - Vendor quotes
 - Original invoices and/or receipts
 - Line item budget
 - Designate one person as the representative. This person will present the application to the funding committee. This person must arrange with the Treasurer or Advisor of the committee to speak at the Monday meeting.
- **After ASBG approves the funding:**
 - Meet with the funding board Treasurer or ASBG Advisor to pick up the funding results the day after the ASBG meeting. (Tuesday)

- Meet with Advisor to review payment processes and timeline for your event.
 - Ensure that the logos of ASBG are prominently displayed on all publications and promotional materials printed after the funding is approved.
- **After the Event is Completed:**
 - Complete and turn in an Evaluation form for the funded event within 2 weeks of the events completion.
 - You must send a representative to the ASBG meeting after your event. ASBG meetings meet Mondays from 12:30-1:30 in G106A

If your organization fails to fulfill any of the responsibilities, money funded to the organization for the event by ASBG is not promised or owed to you or your vendors. Additionally, your organization may have its access to funding revoked for the next semester.



ASBG Finance & Budget Committee 2009-2010 Application

Organization Name: _____

Contact Person: _____ Email: _____ Phone: _____

Are you using club funds for this event? Y / N

If so, from where? _____

What is your Club Account Balance? _____

Event Title: _____

Date of Event: _____ Time: _____ Location: _____

Please provide a brief explanation of the event: _____

Expected Attendance: _____ Total Cost (\$): _____ Total Amount Requested (\$): _____

Please answer the following questions in the space provided:

What is the purpose of this event? _____

How will this funding enhance/support your vision as an organization? _____

How will this funding enhance/support AHC student body and/or community? _____

Is this event/program open to all AHC students? Y/N if not, who will attend? _____

Line Item Budget

Please complete the following line item budget for your request or create your own using similar formatting. For each individual expense listed, please complete an Individual Expense Description form.

Expense Type	Expense	Proposed Cost
Equipment/ Venue Rentals		
Ads/Flyers/ Posters		
Supplies		
Contracts		
Transportation/ Parking		
Postage		
Other		
Total		\$

Individual Expense Descriptions

It is required that you attach all invoices/quotes/receipts for each expense description.

Type of Expenditure: _____

Vendor Name: _____

Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Cost: _____ **ATTACH ALL INVOICES/RECEIPTS/QUOTES**

Type of Expenditure: _____

Vendor Name: _____

Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Cost: _____ **ATTACH ALL INVOICES/RECEIPTS/QUOTES**

Type of Expenditure: _____

Vendor Name: _____

Street Address: _____

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Cost: _____ **ATTACH ALL INVOICES/RECEIPTS/QUOTES**