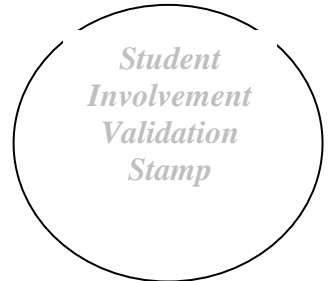


# Funding Request Form

Associated Students allocates limited funds to help student organizations fulfill their goals and meet the mission of Associated Students to help enrich the student experience. Our philosophy is centered on supporting those that benefit others and the greater campus community. A.S. funds are not guaranteed and are on an “as available” basis.

**Required Criteria for Consideration** (please initial the following):

- \_\_\_\_\_ I/We understand the A.S. Funds are not guaranteed and are on an “as available” basis only
- \_\_\_\_\_ I/We have read and understand the “How to Request Funds from A.S.” link which includes guidelines and timelines required for consideration. [www.as.sjsu.edu/asgov/index.jsp?val=reqfunds](http://www.as.sjsu.edu/asgov/index.jsp?val=reqfunds)
- \_\_\_\_\_ I/We have read and understand the “A.S. Budget Policies” posted on the A.S. website at <http://as.sjsu.edu/asgov/index.jsp?val=reqfunds>
- \_\_\_\_\_ I/We have attached a TYPED and VERIFIED request form complete with SIGNATURES and QUOTES
- \_\_\_\_\_ I/We have attached SAMPLES of the necessary artwork with the proper A.S. logo: <http://as.sjsu.edu/aslogos/index.jsp>



**Submission Checklist:**

- Obtained appropriate signatures where applicable on supporting documents.
- Attach supporting documents to include QUOTES and SAMPLES of artwork using the A.S. logo where appropriate.
- Print ONE (1) copy; go to the Student Involvement office (Clark Hall, Suite 140) to receive Student Organization Validation Stamp
- Submit stamped paperwork to the Associated Students House (Victorian house behind Duncan Hall)
- Keep the ORIGINAL for your records and meetings
- Attend the Finance Meeting in which you are scheduled. Plan for a 2 minute, maximum 5 minute presentation. Electronic presentations are preferred. Any exceptions must be cleared by the Controller.

## ORGANIZATION INFORMATION

Organization Name:		
Street Address or Student Involvement Mailbox #:		
City:	State:	Zip Code:
Representative's Name:	Email Address:	Phone Number:
Representative's Name:	Email Address:	Phone Number:

## FUNDING REQUEST INFORMATION

Description of your organization:	
	Total Amount Requested:

**\*\* This amount will automatically be calculated \*\***

Please submit supporting documents with your request for Associated Students, SJSU funds. The proposal must include the following information in order for Associated Students to consider it.

**FUNDING REQUEST QUESTIONNAIRE**

Description(s) and date(s) of your funding request(s):	Number of organization members:
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How will this funding support your goals and those of Associated Students?

Do you have any other sources of funding? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list sources and amount?
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Are you collaborating with any other student organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which organizations?
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If A.S. funded this event in previous years, describe the significant successes/failures of the program during previous years. If there were failures, what is your plan to avoid these failures this year?

Please sign below affirming you have read and will adhere to the Associated Students, SJSU Student Organization Funding Process and criteria. *(Available online at [www.as.sjsu.edu/finance](http://www.as.sjsu.edu/finance))*

\_\_\_\_\_  
Student Organization Official Representative

\_\_\_\_\_  
Date

## FUNDING CRITERIA

*The following stipulations will be used to evaluate the FRF in the funding process. When in doubt always provide a quote.*

### **Professional Performers and Speakers –**

Groups must provide a half page biography, the performer's tax identification number and their quote. A.S. does not fund: SJSU students, team coaches, instructors, professors or staff. Nor do we fund public officials. A.S. will fund up to \$100 for honorariums. All speakers and performers must appear on the SJSU campus.

**Student Research Project –** Brief project summaries must be provided with written recommendation by a faculty member. Specific quotes must be provided. Price lists not accepted. Maximum allocation of \$1,500 per school year. Requests for funding and quotes must not exceed maximum allocation.

**Apparel –** Demonstrated necessity must be presented. All requests must be accompanied by a quote and preliminary design. Price lists not accepted. All t-shirts approved by the A.S. Finance Committee or the A.S. Board must have the official A.S. logo. Quantities are limited to the number equal to the participating organizations' current membership. No funding will be granted for sets of Greek letters or graduation apparel.

<http://as.sjsu.edu/aslogos/index.jsp>

**Publicity & Printing –** All materials such as fliers, posters, brochures, programs and banners must be printed by the A.S. Print Shop. Stipulations may require an official A.S. logo. Alternate print sources are optional if the A.S. Print Shop is unable to fulfill the need of the organization. A written verification from the A.S. Print Shop Manager stating that services cannot be provided must be submitted with the request for use of an alternate print source. All funding requests must be accompanied by a quote not a price list.

**Professional Development Registration Fees –** Explanation to the relevance of the professional opportunity and the mission of the organization is required. Participants must complete a "Release and Hold Harmless Form" prior to the release of funds. Max of \$1,500 per academic year. No funds will be allocated for international conferences.

**Lodging –** A.S. does not provide funding for lodging for identified conference/event.

**Airline Travel –** EO 590 establishes the policy for student air travel. Air travel is permitted for areas outside of the California's Bay Area and can be requested by Student Organizations (conferences) for up to \$1,000 per year. Travel Fund Request, Release and Hold Harmless and Organization/Driver Insurance Forms must be completed prior to release of funds. Other forms of travel are not funded. No international flights will be funded.

**Venue –** A.S. funds only venues that are SJSU campus proper. Labor costs associated with setup and A/V equipment use for Student Clubs/Organization Events are not included for funding. Cost estimate must be provided from the SJSU venue.

**Insurance –** All organizations hosting a high profile event (concert, dance, etc.) must, at the discretion of the A.S. Controller, provide a Certificate of Insurance with Associated Students, SJSU named as an additional insured party prior to the release of any funding. Student Union Event Services must grant program approval to determine needs for additional insurance. Contact Event Services Office, 3<sup>rd</sup> floor, SU. Phone: (924-6300)

**Special Liability Insurance –** Insurance quote must be provided by San Jose State University Risk Management Department and attached to Funding Request Form.

**Security –** Security provided by the University Police Department (not to exceed straight time rates per officer). If no monetary transactions are to occur during the event, organizations may use the security company as recommended by the Student Union. UPD invoice or estimate is required.

**Catering/Food –** Shall not be funded by Associated Students. On campus preferred vendors are recommended by the University.

## TOTAL FUNDING REQUEST WORKSHEET

ARTIST FEES	Artist's Name:	Rate:	Total Amount:	Amt Requesting:	
	Program Location:				
	Artist's Name:	Rate:	Total Amount:	Amt Requesting:	
	Program Location:				
	Artist's Name:	Rate:	Total Amount:	Amt Requesting:	<u><b>ARTIST FEES SUBTOTAL</b></u>
Program Location:					

APPAREL	Company:	Price per item:	Total Cost:	Amt Requesting:	
	Product Type:			Quantity:	
	Company:	Price per item:	Total Cost:	Amt Requesting:	<u><b>APPAREL SUBTOTAL</b></u>
	Product Type:			Quantity:	

PUBLICITY	Company: <i>Associated Students' Print Shop</i>	Quantity:	Total Cost:	Amt Requesting:	
	Product Type:				
	Company: <i>Associated Students' Print Shop</i>	Quantity:	Total Cost:	Amt Requesting:	
	Product Type:				
	Company:	Quantity:	Total Cost:	Amt Requesting:	
	Product Type:				
	Company: <i>Spartan Daily</i>	Quantity:	Total Cost:	Amt Requesting:	<u><b>PUBLICITY SUBTOTAL</b></u>
Product Type:	Run Date(s):				

SECURITY	Company: <i>SJSU Police Department</i>	No. of Officers:	Total:	
	Type of Security Required: <i>Police Officer</i>	Cost per Officer:	Amount Requesting:	
	Company: <i>SJSU Police Department</i>	Number of Officers:	Total:	<u><b>SECURITY SUBTOTAL</b></u>
	Type of Security Required: <i>Police Student Assistant</i>	Cost per Officer:	Amount Requesting:	

**Labor costs associated with setup and A/V equipment use for events are not included.**

<b>VENUE</b>	Type of Event:	Building Charges: \$	Total Charges:	<b><u>VENUE SUBTOTAL</u></b>
	Building Location:	Equipment Charges: \$	Amount Requesting:	
	Type of Event:	Building Charges: \$	Total Charges:	
	Building Location:	Equipment Charges: \$	Amount Requesting:	

<b>INSURANCE</b>	Company: <i>Human Resources, SJSU, Risk &amp; Compliance</i>	Approved by SJSU Event Services (408) 924-6300: <input type="checkbox"/> YES <input type="checkbox"/> NO	Additional Insurance Cost (if needed):	<b><u>INSURANCE SUBTOTAL</u></b>
	Advisor's Name:	Advisor's Phone #:	Amount Requesting:	
	Advisor's Email Address:			

**Maximum allocation of \$1,500 per academic year.**

<b>PROFESSIONAL DEVELOPMENT</b>	Purpose:			<b><u>PRO. DEV. SUBTOTAL</u></b>
	Number of people attending:	Total Cost:	Amount Requesting:	
	Purpose:			
	Number of people attending:	Total Cost:	Amount Requesting:	

**Maximum allocation of \$1,000 per academic year.**

<b>AIRLINE TRAVEL</b>	Name of Airline:	Destination:	Total Cost:	<b><u>AIRLINE TRAVEL SUBTOTAL</u></b>
	Number of people attending:	Cost per person:	Amount Requesting:	
	Name of Airline:	Destination:	Total Cost:	
	Number of people attending:	Cost per person:	Amount Requesting:	

<b>RESEARCH</b>	Project Title:		
	Department:	Number of students:	Length of project:

**Material Costs (\$1,500 maximum)**

Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	<b><i>RESEARCH PROJECT SUBTOTAL</i></b>
Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	
Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	
Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	
Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	
Vendor's Name:	Quantity:	Cost: \$	Amount Requesting:	

**STIPULATIONS (Associated Students Use ONLY)**

Item:
Item:
Item:
Item:

**Questions regarding the Funding Request Form or process please contact:**

*Aaron Tsang*  
**A.S. Controller**  
(408) 924-6254  
A.S. House, 2<sup>nd</sup> Floor

*Christy Riggins*  
**A.S. Govt. Admin. Assistant**  
(408) 924-6240  
A.S. House, 2<sup>nd</sup> Floor