



Associated Students of Cuesta College

MONEY PROPOSAL

ALLOW 2-3 WEEKS TO PROCESS

STAFF USE ONLY
MP # _____
Date received _____
Account # _____

PLEASE TYPE or PRINT LEGIBLY

Today's date _____ Date funding is desired _____

THIS IS A SPEAKER/PROGRAM GRANT REQUEST Yes* No

Applicant Name _____ Presenter _____

Department _____ Club _____ Extension _____

Name of Program (if applicable) _____ Total requested \$ _____

PART 1 DESCRIPTION OF PROPOSAL OR ACTIVITY

Date(s) of activity: 1st choice _____ 2nd choice _____ 3rd choice _____

Justification for request. How does it compliment Cuesta's commitment to students?

Itemized cost: *Be specific.* Attach additional sheet(s) as needed.

What portion of the costs will the participant/organization contribute?

List all efforts to seek alternate (other than ASCC) funding.

What is the number of students directly benefiting or participating? _____

SIGNATURE OF APPLICANT

***PART II REQUIRED for Speaker/Program Grant requests.** Attach to Money Proposal.

- Summarize how the activity benefits students as a whole based on the individual's or organization's participation in the activity.
- Attach a brief biography of the presenter/speaker if applicable (recent accomplishments, employer, current job title/duties).
- Include a description/outline of the program's key points.

- Money proposals **received by 1:00 pm Thursday** are reviewed at the following week's ASCC Executive Cabinet meeting.
- RETURN COMPLETED FORM(S) to the STUDENT LIFE & LEADERSHIP OFFICE—SLO CAMPUS.**

STAFF USE ONLY	
Money Proposal number _____	Month _____ Year _____
Date of Executive Cabinet input _____	Date of Senate input _____
Date of Senate action _____	Final action vote: # count ____/____/____ MSP/F _____
Account # _____	Account name _____ Total amount approved \$ _____
SIGNATURES: _____	
ASCC Finance Director	ASCC Advisor