

ASCSN Student Government Funding Application Academic Year: 2017-2018

Additional Information:

Funding Proposal Committee Meeting

Schedule: Fall 2017

| Date | Time | Location |
|------|------|----------|
| | | |
| | | |
| | | |

Spring 2018

| Date | Time | Location |
|------|------|----------|
| | | |
| | | |
| | | |

Funding Proposal Award Limitation

The maximum award for any funding proposal shall not exceed **\$500.00** during the 2017-18 academic year.

Timeframe and Reimbursements

No event/program shall be funded retroactively by ASCSN Student Government; all events/programs must be approved by ASCSN Student Government **prior to their scheduled occurrence**. Funding requests for events/programs that have already occurred shall not be considered by ASCSN Student Government. No Club/Organization or individual shall be reimbursed for any incurred expenses during an event/program.

Denied Funding Proposal

If a funding proposal application is partially or completely denied, the club/organization may submit a letter of appeals to the ASCSN President within five (5) working days by close of business (5:00pm) after the Funding Proposal committee meeting. The appeal will be on the following ASCSN Senate agenda as an action item with respect to Nevada Open Meeting Law posting requirements.

Notice of Denied Funding Requirements

ASCSN Student Government shall notify you with written reasons in the event that your funding request is denied fully or partially within ten (10) business days after the conclusion of the Funding Proposal Committee meeting. If either the Funding Proposal Chair or Co-Chair fails to submit to you written reasons of denial or partial funding within the aforementioned timeframe, you may appeal the committee's decision by submitting an Agenda Item Request form and all documentation initially submitted to the Funding Proposal Committee to the ASCSN President.

Proof of Pursuit of Alternate Funding Source(s)

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Clubs/Organizations requesting funding for any events/programs are expected to pursue (seek) alternate sources of funding prior to requesting funds from ASCSN Student Government. Club/Organizations are also expected to provide ASCSN Student Government with proof of said pursuit of funds. Please describe details of pursuit below and supplement all information with documentation (attached to this application), such as electronic correspondence, fiscal reports, etc. If no alternate funding sources were pursued, your application for funding will not be considered.

Please provide a brief description of alternative funding sources your club/organization pursued regarding your event/program and the amounts of any successfully obtained funding:

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Full Year Budget and Descriptions

If your funding request exceeds \$200.00, you must attach price quotes from three (3) separate vendors for all transportation, equipment, clothing, and lodging for all events/programs. One (1) of the three (3) price quotes must be from CSN, if applicable. All of your promotional material must be final drafts and must also be attached to the proposal.

Print out and attach multiple copies of pages 4 and 5 as needed for all of your events/programs.

Please complete the following (if a line item budget has been produced that contains ALL of the information below, you may provide that in lieu of the requested information below, price quotes DO NOT suffice in lieu of the below information and must match the costs indicated in the below fields):

Full Monetary Amount Requested from ASCSN for Academic Year
\$

Event/Program Costs

| | | | |
|-----------------------|----------|--------------------------|-----------------------------------|
| Name of Event/Program | Semester | Full Cost of Event \$ | ASCSN Funding to be Applied \$ |
|-----------------------|----------|--------------------------|-----------------------------------|

| Item # | Item Name | Item Desc. | Item Qty. | Unit Cost | Total Cost |
|--------|-----------|------------|-----------|-----------|------------|
| 1. | | | | \$ | \$ |
| 2. | | | | \$ | \$ |
| 3. | | | | \$ | \$ |
| 4. | | | | \$ | \$ |
| 5. | | | | \$ | \$ |
| 6. | | | | \$ | \$ |
| 7. | | | | \$ | \$ |
| 8. | | | | \$ | \$ |
| 9. | | | | \$ | \$ |
| 10. | | | | \$ | \$ |
| 11. | | | | \$ | \$ |
| 12. | | | | \$ | \$ |
| 13. | | | | \$ | \$ |
| 14. | | | | \$ | \$ |
| 15. | | | | \$ | \$ |

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| Event/Program Details | | |
|--|------------|----------------|
| Event Date | Event Time | Event Location |
| Event Itinerary | | |
| Times | Details | |
| | | |
| Event/Program Descriptions (feel free to attach additional pages for each description requirement) | | |
| Event/Program Purpose/Cause | | |
| | | |
| Benefits Event/Program will have on CSN's Community, especially the CSN Student Body | | |
| | | |
| Explain the Future Direction of the Event/Program including Targets and Benchmarks | | |
| | | |
| How will not having this event/program negatively impact CSN's Community, especially the CSN Student Body? | | |
| | | |

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Annually Reoccurring Events/Programs

Attach to this application a copy of student sign-in sheets of all reoccurring events/programs for the past two academic years. Attach to this application a copy of the line-itemized budgets of all reoccurring events/programs for the past two academic years.

ADDITIONAL SUPPLEMENTAL REQUIREMENTS FOR ALL PROPOSALS

Advertising Materials

- If your event is funded **in full** by ASCSN Student Government, all of your advertising materials must contain the phrase *An ASCSN Funded Event* or an officially recognized ASCSN Logo.
- If your event is funded **in part** by ASCSN Student Government, all of your advertising materials must contain the phrase *Sponsored By ASCSN* or *Co-Sponsored by ASCSN* or an officially recognized ASCSN logo.

During Event

During all of your events/programs, if funded wholly or in part by ASCSN Student Government, you must do the following:

- Provide and maintain sign-in sheets to document the number of students attending the event.
- Provide some form of visible advertisement showcasing ASCSN Student Government's support of the event/program.
- If any gift cards, cash prizes, and items of substantial amount are given out during the event(s)/program(s), regardless if the item(s) of value was paid for using ASCSN funds, an Employee Supplement Compensation form must be filled out by the recipient of the award.
- All individuals participating in interactive activities must fill out a Release of Liability Form before participating in the activity.

After Event

The accountability worksheet on pages 7 and 8 must be completed in its entirety, be turned in within ten (10) days post conclusion of the final event/program to the Treasurer and Funding Proposal Committee Chair, and be supplemented with the following documents:

- Copies of receipts substantiating all expenditures.
- Copies of sign-in sheets of all events/programs.
 - Copies of all Employee Supplement Compensation Forms.
 - Copies of all Release of Liability Forms.
 - A typed, brief analysis report of the event's/program's shortcomings and steps the requesting party will take to improve them in the future.
 - A typed, brief analysis report of the event's/program's positive outcomes and steps the requesting party will take to maintain them.

FURTHER REQUIREMENTS, DISCLAIMERS, and PENALTIES

All tangible assets (e.g: popcorn machines, hotdog machines, beverage dispensers, etc.) purchased with ASCSN Student Government funds will become the sole property of ASCSN Student Government and are to be turned in either before or with the accountability worksheet.

Any intentional misrepresentation of information contained within this application will result in immediate withdrawal of all funds either allocated or pending allocation, requiring the Club/Organization to reimburse ASCSN Student Government in full of any allocated funds.

If the Accountability Worksheet is not turned into the Treasurer and Funding Proposal Chair within ten (10) business days post conclusion of the last event/program, the requesting party will **ONLY** qualify for up to 25% of the cost of their next event.

Club/Organization President Signature

Date

Club/Organization Primary Advisor Signature

Date

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Accountability Worksheet (to be filled out after your event/program concludes)

Print and fill out this page for each separate event/program.

This worksheet must only contain **actual** expenses and **must match** the initial full year budget sheets initially provided to ASCSN Student Government. Any alterations in expense (including all item #'s) must be marked with the notation [Alt.] and be supplemented with a separate memo (template contained on page 9) explaining the alteration. Without memos, your funding proposal could be deemed as containing intentional misrepresentation dependent on the degree of alteration from your initial *Full Year Budget and Descriptions*.

You must attach to this worksheet the following:

Copies of receipts substantiating all expenditures, copies of sign-in sheets of all events/programs, copies of all Employee Supplement Compensation Forms, copies of all Release of Liability Forms, a typed, brief analysis report of the event's/program's shortcomings and steps the requesting party will take to improve them in the future, and a typed, brief analysis report of the event's/program's positive outcomes and steps the requesting party will take to maintain them.

Full Monetary Amount Requested from ASCSN for Academic Year

\$

Event/Program Costs

| Name of Event/Program | | Semester | Full Cost of Event \$ | ASCSN Funding to be Applied \$ | | |
|-----------------------|--------|-----------|--------------------------|-----------------------------------|-----------|------------|
| Notations [Alt.] | Item # | Item Name | Item Description | Item Qty. | Unit Cost | Total Cost |
| | 1. | | | | \$ | \$ |
| | 2. | | | | \$ | \$ |
| | 3. | | | | \$ | \$ |
| | 4. | | | | \$ | \$ |
| | 5. | | | | \$ | \$ |
| | 6. | | | | \$ | \$ |
| | 7. | | | | \$ | \$ |
| | 8. | | | | \$ | \$ |
| | 9. | | | | \$ | \$ |
| | 10. | | | | \$ | \$ |
| | 11. | | | | \$ | \$ |
| | 12. | | | | \$ | \$ |
| | 13. | | | | \$ | \$ |
| | 14. | | | | \$ | \$ |
| | 15. | | | | \$ | \$ |

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Accountability Worksheet – Certification (single copy to be attached to all page 7 documents)

Leftover Funds

Funds left over exceeding the amount of \$100.00 are to be transferred back into the ASCSN Student Government General Fund.

Agreement

By signing below, you certify that the information contained within and attached to the worksheet is true, whole and complete and contains only **actual** expenses. You further signify that you understand all information contained within the entire Funding Proposal Application, including any penalties that could arise due to intentional misrepresentation concerning your use of funds provided by ASCSN Student Government.

By signing below, you signify that you agree with and will fulfill the method established for reimbursing ASCSN Student Government of unused or owed funds.

Club/Organization President

Date

Club/Organization Primary Advisor

Date



MEMORANDUM OF FUNDING ALTERATION

| |
|--------------------------------|
| Club/Organization Name: |
| Event/Program Name: |
| Item #: |

To: ASCSN Student Government:
Funding Proposal Chair ASCSN Vice President Weston

Briefly explain your reasoning as to why the specific item expense on your accountability worksheet did not match the projected expense initially listed on your *Full Year Budget and Descriptions* sheet below:

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| Contact Information and Request Approvals | | | |
|---|-----------|--------------|------------------|
| Club/Organization President | | | |
| First Name | Last Name | | Mi |
| Email | | Phone Number | |
| Club/Organization Primary Advisor | | | |
| First Name | Last Name | | Mi |
| Email | | Office Ext. | Alt Phone Number |
| Department | | | Sort Code |
| <p>By signing below, you indicate that you understand that your club/organization can only receive funding from ASCSN Student Government one (1) time per academic year. You further signify that you read this application in full and certify that all information provided by you within this application is true, whole, and complete and that any intentional misrepresentation on your behalf of information contained within this application will result in the immediate withdrawal of all funds either allocated or pending allocation, requiring your club/organization to reimburse ASCSN Student Government in full of any allocated funds and by signing below you further signify your willingness to cooperate in reimbursement of ASCSN Student Government of any owed or unused funds over the amount of \$100.00.</p> | | | |
| Club/Organization President Signature | | | Date |
| Club/Organization Primary Advisor Signature | | | Date |