



ASCOCC USE ONLY:  
Date Processed: \_\_\_\_\_  
Initials: \_\_\_\_\_

## Funding Request Form

**DISCLOSURE:** We require that all funding proposals be submitted **at least 2 weeks before** the intended event date or payment deadline. The ASCOCC Council reserves all rights to deny a proposal based on insufficient warning and adherence to this 2 week requirement.

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Pronouns: \_\_\_\_\_ (EX: she/her, he/him, they/them, etc.)

Email: \_\_\_\_\_ Phone # (optional) : \_\_\_\_\_

What is your position within COCC? (circle all that apply) **STUDENT / FACULTY / STAFF**

**If you circled STUDENT...**

Are you a currently enrolled COCC student? **Y / N**

Primary Campus (where do you take the majority of your courses?):

**BEND / REDMOND / MADRAS / PRINEVILLE**

Are you: DEGREE SEEKING / NON-DEGREE SEEKING

→ (If applicable, what degree and major are you pursuing?) \_\_\_\_\_

**If you circled STAFF or FACULTY...**

Primary Campus (where do you teach the majority of your courses?):

**BEND / REDMOND / MADRAS / PRINEVILLE**

**STAFF:** What department do you work in within COCC? \_\_\_\_\_

**FACULTY:** What courses do you teach at COCC? \_\_\_\_\_

What department do you work in within COCC? \_\_\_\_\_

### PROPOSAL INFORMATION

**Title/Purpose of Payment:** \_\_\_\_\_

→ Co-Sponsoring Organization, Club, or Department (if applicable): \_\_\_\_\_

Is this an annual event/sponsorship? **Y / N**

→ If so, how long has this event been taking place/sponsorship been awarded? \_\_\_\_\_

What is the requested funds going towards? (circle all that apply):

**SPEAKER FEES / FOOD / ADVERTISING / MATERIALS / TRAVEL COSTS / GENERAL DONATION**

**Date/Time Needed By:** \_\_\_\_\_

**Total Requested Sponsorship Amount (\$):** \_\_\_\_\_



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**TYPED PROPOSAL**

Applicants are required to submit an approximately 400 word typed proposal to ASCOCC; this will detail as much of your proposal information as possible: location, vendors, time, dates, materials, advertising, etc. What is it that you hope to achieve or create with this funding? How will it enrich personal, academic and professional knowledge for students, and the greater campus community? We ask that you include a breakdown of what the overall funding will be going towards, as well as the vendors and names of speakers you plan to invite. We also encourage you to include any mockups or designs of promotional content or materials. It's crucial that there is adequate outlining and elaboration provided with this part of the proposal; it is a large part of how the Council informs its decision to approve or deny your request, so make sure to spend some time with this part of your application!

**(Attach a printed copy of your proposal to this application).**

**PAYMENT INFORMATION (if awarded):**

**On Campus (Please Circle One)**

- Club/Student Organization
- Department
- Sodexo

**Off Campus (Please Circle One)**

- Online purchases
- Local Vendors
- Speakers/Musicians

(If utilizing services OFF CAMPUS, additional forms may be required, follow up with Dir. of Financial.)

Payment method (circle one): **CHECK** or **ASCOCC CREDIT CARD**

***IF CREDIT CARD-***

Date of Card Check Out: \_\_\_\_\_ Time (approx.): \_\_\_\_\_

Date of Card Return: \_\_\_\_\_ Time (approx.): \_\_\_\_\_

***IF CHECK-***

Check payable to: \_\_\_\_\_

**- For ASCOCC Council Use Only -**

**Meeting Date:** \_\_\_\_\_ **Meeting Time:** \_\_\_\_\_

**Motion:** \_\_\_\_\_

**Motioned by:** \_\_\_\_\_ **Seconded by:** \_\_\_\_\_

In Favor: \_\_\_\_\_

Against: \_\_\_\_\_

Abstain: \_\_\_\_\_

Final Ruling: \_\_\_\_\_