

ASFC
BUDGET REQUEST FORM
Fiscal YMB TMB TMB B TMB TMB C02 (1) D 35T A 11

B. Date of proposal: _____

C. Student representative: _____

Phone number: _____

Email address: _____

D. Permanent employee who will be responsible for maintaining the fund(s)

Printed name: _____

Signature: _____

Phone number: _____

Email address: _____

2. A. Total amount requested in FY 2023-2024: \$ _____

B. Total amount granted in FY 2023-2024: \$ _____

C. Total amount being requested for FY 2024-2025: \$ _____

3. Please summarize the Department/Program/Service proposal.

4. Please state how the funds would support the Associated Students of Foothill College's Mission Statement, Goals and Visions, attached.

5. Explain and justify how these funds will serve present and future students.

6. Describe any efforts to obtain funding outside of ASFC.
