

Leaders Making Change

REQUEST FOR SUPPORT

Process for Turning in Request for Support Form

- 1) Submit the form to the LMCAS Advisor to begin review of proposal.
- 2) The LMCAS Advisor will make a copy of the proposal and forward copies to the LMCAS President and Treasurer.
- 3) The President will place the Request for Support proposal on the Agenda
- 4) The senate will review the proposal at their regularly scheduled meeting.
- 5) The senate will render decision on Request for Support Form at their regularly scheduled meeting.

Instructions: Complete this form for any requests (i.e: funding request, co-sponsorships and/or endorsements for events, people, projects and activities) to be made to the LMCAS Senate for support. In addition to this form, LMC Departments and Programs must seek and provide proof that they have explored and requested funding from other campus sources before soliciting LMCAS, and LMC Clubs must provide a copy of their most recent club balance. This form must be completed and submitted to LMCAS Advisor **at least five (5) days prior to their Senate meeting** for inclusion on their public agenda. Someone will need to be present at the Senate Meeting to present your request. Please be mindful that the LMCAS is here for the student body as a whole. Our events and projects are designed to supplement their experience here at LMC by providing opportunities in addition to those within the classroom in the areas of academics, entertainment, leadership, government, community involvement, volunteerism and social opportunities.

	Please Complete All of the Following Information for Consideration (✓) Check any boxes that apply				
I/W	I/We are seeking the following type(s) of support.				
	Requesting funding	Amount Attach Budget to request	\$		
	Co-Sponsorship	No Funding Requ	ired		
	Co-Sponsorship with Funding	Amount Attach Budget to request	\$		
	Endorsement Only				
	Requires LMCAS Membe	ers to Collaborate an	d Participate to plan event		
	Requires LMCAS Membe event and assist with the fe	ollowing:			
	Requires LMCAS Advisor involvement (please speci- required)	-			

Title of Event/Project/Item					
Requested					
We are offering the following ty		ype(s) of services			
	Student Development		Entertainment	Community Involvement	Other

If "other" please provide more details in space below

Date of Event	Full Name of Requestor	Email

Name of Presenter if not you	Presenter Phone Number/Extension	Presenter Email

Provide in detail the description of project/event/purchase (be prepared to explain scope of request at an upcoming LMCAS meeting

Pr	Proposed locations for event (list three (3) alternatives if applicable		
1			
2			
3			

Aı	Are you collaborating with other individual(s) or group(s) on this project?		
1			
2			
3			
4			
5			

What is the proposed charge for this	
event/use of item (if any) to the student,	
staff, or other attendees?	

Please include <u>all</u>	sources of funding
Individual/Department/Group Contribution (if any) AMOUNT to be funded	
LMCAS Contribution (if any) AMOUNT to be funded	

BUDGET PROPOSAL

Be as specific as possible for the LMCAS to review and consider

Example of Budget Request

Event: Halloween Dance Requested Amount from LMCAS: \$49.91

1	Happy Halloween Gel Clings (16 Count) Amazon	\$5.99X4= \$23.96
2	Pumpkin Carving Tools Amazon	\$5.24 X 4= \$20.96
3	Scariest Costume Trophy Spirit Halloween Store	\$4.99 X 1= \$4.99
	Total	\$ 49.91

The LMCAS **may** schedule your request for further discussion at a Planning or LMCAS meeting with a final vote being taken at the next LMCAS meeting (one week turnaround) or LMCAS may approve your item the same day as your presentation depending on the need for further information.

You will be notified of the final decision when it is made or you may be asked to return for attendance at additional meeting for clarification.

Thank you for submitting your request and for your interest in enhancing student success at Los Medanos College.

For LMCAS Advisor Use Only		
Date Proposal Received	Date Voted On by	
	LMCAS	
Approved/Denied	Tally Vote	
	Amount Funded	\$

For LMCAS President/LMCAS Designee Use Only		
Date Proposal Received	Budget Line Item	
	Category #	
Amount remaining in		
line item		