ASFC BUDGET REQUEST FORM Fiscal Year 202 -202

١.	A.	Name of Item/Program/Service:
	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:
		Signat

6. Describe any efforts to obtain funding outside of ASFC.
7. A. The estimated # of students that will benefit from this proposal: B. Are there any benefits to students who hold the Owl Card (i.e. discounts)?
9. Will this request be a one-time only expense? (Circle) YES NO 10. Please describe and list this serviceÕs/groupÕs past accomplishments.
 11. Do you wish to present the proposal in person before the Budget Commission, even though to commission may not require it of you? YES NO 12. Please attach any other relevant documents and materials to this form. (Pleaseuse anothersheet of paperto answerany of the above questionsif you run out of space.)
The deadline to submit SFC Budget Requests is 7 K X U V G D \ - D Q X D U \ ! Please email completed budget requests to both: " 6 N \ : H L U, Vice President of Finance, N \ Z # J P D L O F R P " , V K D 9 \ D V, ASFC Receptionist, B T G D J T I B W ! H N B J M D P N ! Additional questions can be submitted to: " Daphne Small, Director of Student Activities palldaphne@FHDA.edu " Kamara Tramble, Accountant of the Students Accountant@FHDA.edu

^{*}Budget hearings will be held on Tuesday February and, if needed February 1 from 2-4PM. You will be contacted after you submit your request, p22 re 2Fsl <<aounrdgs ly5.2(Ac.TJ ET /TC