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SEED MONEY REQUEST FORM

Associated Student Government Los Angeles City College

Seed money requests must be turned in to the Student Activities Center (2nd floor, Student Union Bldg.) for processing. **All required documents must be attached to the form.**

Name: _____ **Date filed:** _____
Phone: _____ **Date chartered:** _____ Pre-existing club New Club
Email: _____ **Name of Activity:** _____
Organization: _____ **Date of Activity:** _____
(Activity must take place by the 8th week of the semester)

Purpose for Funding: _____

This activity shall significantly: (Mark at least one)

- Provide avenues for the student body to serve and assist the community in addressing societal problems including, but not limited to, educational and socioeconomic disadvantages
- Provide services that address the general health, well-being, and overall development of students
- Provide programming and academic opportunities that supplement the general curriculum of the College, thus enhancing and enriching the educational experience of the campus community
- Support the academic success, retention, and recruitment of students, staff, faculty, and administrators
- Help to create a campus environment that will increase the interaction and dialogue among culturally diverse communities

Required Documents to attach to this request:

- Event Request Form *(Must be turned in together with the Seed Money Request form. If it will be spent for a recurring club meeting, a photocopy of the initially submitted Event Request form must be attached. However, if it will be spent for Club Rush, Event Request Form is not necessary.)*
- Club or Department meeting minutes approving activity and request for money *(Signed by Club President and Advisor)*
- Itemized budget of items to be purchased *(Include every item name, price, and taxes; See next page)*
- Explanation of the activity purpose *(Such as event details, projected impact to the quality and culture of the student body, projected number of students to attend, event flyer, etc. The more you explain about the event, the faster it is to have your funding processed.)*

Vendor or Payable to (if you anticipate for someone to advance the money for this purchase, please put person's name and address):

 Address: _____ City: _____ State: _____ Zip code: _____
 Phone: _____

Processed as: Direct Payment Reimbursement and For pick up To be mailed

Amount Requested: _____

Vendor or Payable to (if you anticipate for someone to advance the money for this purchase, please put person's name and address):

 Address: _____ City: _____ State: _____ Zip code: _____
 Phone: _____

Processed as: Direct Payment Reimbursement and For pick up To be mailed

Amount Requested: _____

Total Amount Requested: _____

