



A.S. PROPOSAL FORM

- Any supplies or unexpended funds remaining in a student organization budget at the end of the year (June 30) shall return to the general A.S. treasury. This includes funds approved for spending that were not actually spent. (AS Bylaws- Article 4; Section 4.1)
- A.S. Office Location: Cayton Center, Room #202 (above the cafeteria); Phone #310.434.4250
- **A.S. Meetings are subject to change. See AS Website; Forms & Documents; Flyer- A.S. DIRECTORS & MEETINGS.**

PROPOSAL INFORMATION & POLICY:

1. All proposals must receive “final approval” at an A.S. BOARD MEETING before AS/ICC funds can be spent.
2. After final approval, any funding changes (amounts/items) on your proposal, must go through another A.S. Board Meeting.
3. Your Proposal funding request must be in accordance with the current A.S. FISCAL POLICY located on the A.S. Website.
4. This form must be completed online, then print the form (download) to acquire all signatures.
5. **A.S. POLICIES will be strictly adhered to – PLAN AHEAD:**
 - a) **ONLY COMPLETE PROPOSALS with ALL APPLICABLE DOCUMENTS attached, will be accepted for consideration.**
 - b) **NO CASH ADVANCES ALLOWED, therefore plan ahead.**
 - c) **NO PROPOSALS will be approved, less than the appropriate timeline, before an event/field-trip/purchase deadline.**
 - d) **HEALTH PERMIT is required to serve/sell any food/beverage. Submit a LA COUNTY HEALTH FORM with your proposal.**

The whole process, from Proposal to Health Permit takes 4 weeks (AS=2wks & 2 weeks for LA COUNTY HEALTH DEPT.)
6. Do a “SAVE AS” to your flash-drive, for a saved copy, in the event you lose your print-out or need a copy for future use.
7. Submit Originals to the A.S. Office (see below for deadline). Remember to keep copies for your records.
8. Send a knowledgeable representative, to the applicable A.S. Meeting(s), See below for days & times.

	Any MONDAY	Any TUESDAY	Any WEDNESDAY
			Step 1 SUBMIT Proposals & Additional Forms by 4:30 p.m. on any Wednesday. Last Day to submit Proposals: 5/11/16 @ 5pm DATE Submitted Proposal:
WEEK #1		Step 2 Attend A.S. ACTIVITY MEETING (Time Pending) in Cayton #206 Last Spring 2016 Meeting: 5/17/16 ORIGINAL A.S. RULE has been reinstated: All field-trip and event requests must be presented for approval at the A.S. Activity meeting. Regardless if money is requested. DATE to Attend Meeting:	Step 3 Attend A.S. FINANCE MEETING 11:00 am in Cayton #206 Last Spring 2016 Meeting: 5/18/16 All requests to spend Club ICC Allotment money and/or A.S. funds; must be presented for approval at the A.S. Finance meeting. DATE to Attend Meeting:
WEEK #2	Step 4 – FINAL APPROVAL Attend A.S. BOARD MEETING 3:00 pm in Cayton Lounge “FINAL APPROVAL” for Proposals Last Spring 2016 Meeting: 5/23/16 All Club ICC Allotment & A.S. funding requests for FINAL APPROVAL must be presented at this meeting. DATE to Attend Meeting:	LAST DAY for EVENTS & FIELD TRIPS: <ul style="list-style-type: none"> • On/Off-Campus Activities: 5/27/16 • End-of-Semester Celebrations: 6/5/16 LAST DAY for PAPERWORK: <ul style="list-style-type: none"> • PROPOSALS Deadline: 5/11/16 by 5pm • REQUISITIONS Deadline: 6/6/16 by 5pm, Note: sorry no exceptions on the req. deadline because the accountant has to close the books for 2015-2016 school year.	PLEASE PLAN AHEAD – the whole process takes: <ul style="list-style-type: none"> • 3 weeks – to obtain SMC location for event • 3 weeks – to obtain A.S. equipment for event • 3 weeks – to obtain a check • 4 weeks – to obtain a Health Permit • 4 weeks – to obtain a chartered bus/rental vehicle clearance & check.
WEEK #3	Step 6 : - Checks Ready for Pick-up: Only Advisors, with photo ID (Auxiliary Office). Student checks will be mailed. - Event Location & Equipment Ready to use by your group.		
Week #4	Step 7 : - Health Permit Ready for pick-up @ A.S. You must have a Health Permit visible on the table/booth where you serve/sell food.		

1. Are you requesting Co-Sponsorship with A.S.? NO; YES-A.S. Director's Name: _____ Signature: _____
2. ONE PROPOSAL PER CLUB/DEPT: If this Proposal is a joint effort with a dept. or a club then each entity must submit their own proposal.
Other Club(s) / Dept(s). Names: _____
3. CLUB or DEPARTMENT NAME (if for A.S., type in "A.S."): _____
4. Applicant: _____ Title: _____ Contact Ph #: _____
5. It is **MANDATORY** to attach the applicable additional forms described throughout this proposal form- www.smc.edu/as, in the "Forms & Documents"
6. PROPOSAL PURPOSE: Event or Field Trip; Purchase(s); Equipment with a Serial Number (attach [A.S. Inventory Form](#));
 Other: _____
7. A.S. REQUISITION FORM: Do you need to buy something or pay someone? No; Yes- attach [requisition form](#) (1 per check to be issued).
8. BENEFIT to Students: _____

9. EVENT or FIELD TRIP INFORMATION - Please check & complete all that apply in this section.

EVENT (any activity at a SMC location); FIELD TRIP (any activity at a NON-SMC location)

9.1. Title of Event or Field Trip:

9.2. Date: _____ Time: _____ Number of Participants: Students? _____ Advisors? _____

9.3. Location:

9.4. MULTI-LOGISTICS FORM: Does your event or field trip consist of more than one day/location/time/supervising advisors? No; Yes- attach [Multi-Logistics](#) form.

9.5. TRANSPORTATION FORM: Does your event or field trip require a chartered bus or rental vehicle? No; Yes- attach [Transportation Request form](#) with your charter company price quote. All transportation companies must be approved by A.S.

9.6. FIELD TRIP FORMS & STUDENT LIST [with SMC & AS Number's](#) : Is this a field trip? No; Yes- attach applicable [field trip forms](#) and a list of students with SMC ID & A.S. Sticker Numbers.
All participating students and advisors must complete the forms. All participating students must have paid for their A.S. STICKER (\$19.50), no waivers are accepted.

9.7. SUPERVISING FULL-TIME ADVISOR for the EVENT or FIELD TRIP – The Full-Time Advisor or the Substitute-FT Advisor (SMC Full-Time: Faculty or Manager) will need to read (including the linked documents) and complete below.

I have read, understand, and agree to all rules in the "[Club Advisor's Responsibilities](#)" form. I will be present before, during and after the student event or field trip to ensure the students' safety and [SMC policy-AR4440](#) adherence.

FT Advisor/Substitute Name: _____ Dept. _____ Ext. _____ Signature: _____

9.8. EQUIPMENT for EVENT (only available for SMC locations): Does your event need equipment? No; Yes- attach [quad layout diagram](#) for set-up by SMC Crews.
Note: if your event is in another location, scetch out your layout diagram- the set up crews will definitely need a layout diagram.

Sound System? <input type="checkbox"/> Yes; <input type="checkbox"/> No	Microphone? <input type="checkbox"/> No; <input type="checkbox"/> Yes- How Many? _____;
Podium? <input type="checkbox"/> With built-in Mic; <input type="checkbox"/> No Mic; <input type="checkbox"/> None	Canopies (9 max)? <input type="checkbox"/> No; <input type="checkbox"/> Yes- How Many? _____;
Rectangular Tables (15 max)? <input type="checkbox"/> No; <input type="checkbox"/> Yes- How Many? _____;	Folding Plastic Chairs (19 max)? <input type="checkbox"/> No; <input type="checkbox"/> Yes- How Many? _____;
Set-Up Time? _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.	Pick-Up Time? _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.

9.9. Giveaways: Due to Safety reasons, do NOT toss or throw hard or heavy items into crowds, instead- do a "free drawing."

No; Yes- list the items? _____

9.10. CONTRACT PACKET: Does your event include a "contractor" (speaker, performer, band, or a service, face-painter, etc.)? No; Yes- attach [contract packet forms](#).
A contract packet must be completed by all contractors, regardless if they will be paid or not-paid. (if paid, you will need to submit a Requisition form also.)

9.11. SMC COLLECTION OF FUNDS FORM: Does your event include selling or accepting money donations at your event? No; Yes- attach [collection-of-funds form](#).
All Club fundraised/ donated money must be deposited at the Auxiliary Office , specifically into your Club Special Account, remember to request a receipt.

9.12. LA COUNTY HEALTH DEPT. FORM & MANUAL: Does your event include serving/selling food/beverages/ etc.? No; Yes- attach [LA Health form](#) & [read the manual](#).
LA.C.H.D. NEW RULES: all food/drinks need a health form, including pre-packaged food/drink/candy. A.S. process is 4 weeks to obtain a Health Permit for your event.

9.13. VENDOR DELIVERY FORM: Does your event include a delivery from a vendor? No; Yes- attach email from a SMC POLICE SERGEANT approving the delivery.

9.14. HEALTH RELATED EVENT or ITEMS: Does your event include any Health Related items/ information/guest/speaker/service? No; Yes – you will need to obtain a "SIGNATURE of APPROVAL" from GLORIA LOPEZ, DIRECTOR OF SMC HEALTH SERVICES DEPT here:

10. FUNDING INFORMATION :

- a. Attach the price quotes with vendor's name, address & ph #'s.
- b. Attach an A.S. REQUISITION form for each vendor/contractor check to be issued.
 - i. Attach to the requisition an "Invoice" and "W9 Tax Form" from the vendor.
 - ii. A check will NOT be issued without the REQ, INVOICE & W-9 TAX FORM .
- c. Cash Advances will not be permitted, you will need to plan ahead.

ITEMIZE EXPENDITURES (i.e., 5 tshirts, 4 conf. registrations, etc.)	Amount
IMPORTANT: Remember to include the Taxes, Shipping, Service Charge, etc	
Total Cost	

11. FUNDING CALCULATIONS

Subtract YOUR CONTRIBUTIONS from your TOTAL COST to get the amount you will need of ADDITIONAL MONEY from the A.S. funds.

1. TOTAL COST of your Proposal	\$
2. YOUR CONTRIBUTION: Club ICC Allotment	- \$
3. YOUR CONTRIBUTION: Club Special Account	- \$
4. YOUR CONTRIBUTION: Other Resources (not from A.S.)	- \$
5. ADDITIONAL MONEY Requesting from A.S. Funds.	\$
Comments:	

12. REQUIRED SIGNATURES (Clubs & A.S. need all 4 signatures.) (Departments only need 2 signatures.)

FOR Clubs	FOR Depts.	FOR A.S.	Print Name	Title	Signature	Date
Officer #1	At least one A.S. Director	Director #1				
Officer #2	n/a	Director #2				
Officer #3	n/a	Director #3				
FT Advisor	Staff	FT Advisor				

----- A.S. OFFICE USE ONLY – Do not complete below this line. -----

Club Currently Installed? <input type="checkbox"/> Yes; <input type="checkbox"/> No	Club Officers & FT Advisor registered with A.S.? <input type="checkbox"/> Yes; <input type="checkbox"/> No	Staff Initials: _____	Date: _____
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A.S. ACTIVITY MEETING – Is there any other event scheduled on the same date/time/location? Yes; No; (only one can have amplified sound)

DATE: _____ Approved Declined Resubmit Comments: _____

Director of Activities/Designee Signature: _____ Associate Dean of Student Life/Designee Signature: _____

A.S. FINANCE MEETING - FISCAL POLICY COMPLIANT? YES; NO, why? _____

DATE: _____ Approved Declined Resubmit Comments: _____

TOTAL AMOUNT APPROVED \$ _____ LINE ITEM(S) & AMOUNTS: _____

Director of Budget Management/Designee Signature: _____ Associate Dean of Student Life/Designee Signature: _____

A.S. BOARD MEETING (FINAL APPROVAL)

DATE: _____ Approved Declined Resubmit Comments: _____

TOTAL AMOUNT APPROVED \$ _____ LINE ITEM(S) & AMOUNT(S): _____

NOTES: _____

Director of Budget Management/Designee Signature: _____ Associate Dean of Student Life/Designee Signature: _____