

Bill

Requestor:
Requesting Organization:
Contact Information:
Council Sponsor:

Funding Request Application
 Associated Graduated Students
 University of California, Irvine



General Program Information

Program/Event Name: _____

Description of Program:	Location: _____
	Date: _____
	Time: _____

Merit Evaluation

Target Audience	AGS Previous Funding		Other Funding																										
	Yes	No	Yes	No																									
<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Attendance</u></td> <td style="text-align: center;"><u>Funding for</u></td> <td></td> <td></td> </tr> <tr> <td>Graduate Students:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Date: _____</td> <td>Amount: _____</td> </tr> <tr> <td>Undergraduates:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Admin/Faculty/Staff:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> <td>_____</td> </tr> </table>		<u>Attendance</u>	<u>Funding for</u>			Graduate Students:	_____	_____	Date: _____	Amount: _____	Undergraduates:	_____	_____	_____	_____	Admin/Faculty/Staff:	_____	_____	_____	_____	Other: _____			_____	_____			Source	Amount:
	<u>Attendance</u>	<u>Funding for</u>																											
Graduate Students:	_____	_____	Date: _____	Amount: _____																									
Undergraduates:	_____	_____	_____	_____																									
Admin/Faculty/Staff:	_____	_____	_____	_____																									
Other: _____			_____	_____																									
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			_____	_____																									
			_____	_____																									
			_____	_____																									
			_____	_____																									

Planned Methods of Advertisement:

Request and Budget

AGS Funds Requested: _____	Itemized Budget	
Totals	Items w/ Description and Quantity	Cost
Other Funding: _____	_____	_____
Expected Costs: _____	_____	_____
Outstanding: _____	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

AGS Requirements For All Funding Recipients

1. Display the AGS Logo on advertisements and at event.
2. Save your receipts so AGS can reimburse you. Contact vpfinance@ags.uci.edu for more information.
3. If distributing prizes that AGS is paying for, have the recipients sign a receipt to give to AGS.
4. Provide photographs, testimonies, fliers, etc. (if possible) from your program/event to be used for name recognition purposes by AGS