DASB FINANCE COMMITTEE AGENDA ITEM

This form must be submitted to Student Accounts NO LATER than 4:30 PM on the Tuesday (subject to change) before the meeting in which you wish the item to appear. It MUST be filled out completely (all pages), or your request may be postponed or denied. Attach additional sheets if necessary.

Clubs should fill out the "ICC/Club Budget Request" form for all requests.

NOTE: The Finance Committee does not meet during the first week of the quarter, dead and finals weeks or breaks.

py of this form o	and any attachment(s	s) for a total of two (2) sets					
Signature	& Date:	5/13/2022					
one: 408-864-8757 E-mail: shannakiandennis@fhda.edu							
Group or department you are representing: Office of College Life You are required to attend the DASB Finance Committee meeting, Monday at 3:30 PM (subject to change), to answer any questions for tems 1 and 2 below and possibly item 3 as well if determined by the Chair of Finance. Request to be on the Finance Committee Agenda For: (check one)							
nsfers): al sheets if necess	ary)						
v or additional fund	ing. Attach additional she	eets if necessary. Also attach					
	•	Committee meeting only if					
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Requ	ested Amount \$	DASB Use only Approved Amount \$					
al sheets if necess	ary)						
ignature	Phone Number	E-mail					
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	Signature E-mail: Office of College meeting, Monday a sined by the Chair of a For: (check one asfers): al sheets if necessal	Shannakiandennis@f Office of College Life meeting, Monday at 3:30 PM (subject to char ined by the Chair of Finance. For: (check one) Insters: al sheets if necessary) al sheets if necessary Contained Standard S					

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NEW OR ADDITIONAL FUNDING REQUESTS

1.	Program (Account) Name: Student Leadership Recognition
2.	Have you previously received DASB funding for this program?
	No ⊠ Yes □ DASB Account Number: 41-51157 Year Funded: 2021-2022
	3. If yes, amount previously requested for current account \$\(\frac{6,700}{}\)
	4. If yes, total amount previously allocated current account \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5.	How long has this program existed? 10+
6.	Number of students directly served or involved in this program: 80
	lease ACCURATELY and THOROUGHLY complete numbers 8 – 11 and use additional sheets if necessary.
7. Pur and disq	
	ust Accounts: None
	nd 15 Accounts: None
	DA Foundation Accounts: None
	ant Funded Accounts: None her District Accounts: None
	her District Accounts: None f-Campus/Off-District Accounts: None
	-Campus Co-Sponsorships: None
	f-Campus Co-Sponsorships: None None
8.	Give a brief description of the program/services to be provided and how they fulfill the mission of the college. How will these funds benefit present and future students? This event will recognize and honor all student leaders throughout De Anza College, including but not limited to DASB Senate Members, ICC Officers, Clubs, the Student Trustee, VIDA Interns, and more.
9.	How do you use other funding to support your program? There is no other funding for this program.
10.	What would be the impact if DASB did not completely fund this request? There would be no recognition of student leaders at the end of the year
11.	How have you been meeting or how do you plan to meet the budget stipulation of requiring that all students benefiting from DASB funds allocated to you have paid the \$10 DA Student Body Fee and are DASB Members (DASB Budget Stipulation # 1)? Most Student Leaders must be DASB Members to participate in their programs.
12.	Total amount being requested (You must also complete the object code information on the next page) \$ 3,000

Signatures that are needed for requesting funds

All financial documents, forms, requests/requisitions require the signature of the budgeter(s) and the administrator responsible for the program of the account. The budgeter and administrator responsible for the program of the account shall sign designating this is an appropriate expenditure of DASB funds and in the best interest of the student body. Administrators are responsible for any expenditures exceeding budget allocations. **The Budgeter and Administrator cannot be the same person.**

The DASB Finance Code and the DASB Budget Stipulations must be adhered to at all times.

They are available at http://www.deanza.edu/dasb/budget/

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DASB Object Code/Line Item Information

* Fill out only applicable object codes. *

Object Code Name and Number	Description of Expenses (Please itemize all your expenses, BE SPECIFIC)	Requested Amount (round up to the next whole dollar)	DASB Use Only Approved Amount
Student Payroll – 2310 Include hours to be worked x pay rate MUST ALSO COMPLETE BENEFITS – 3200			
Benefits – 3200 (1.52 % for Student Employees) MUST BE COMPLETED WHEN REQUESTING PAYROLL			
Supplies – 4010 (Office supplies or as specified in request or stipulations)	Certificate Holders, Awards, Decorations, Etc.	\$700	
Banners – 4013 (Reusable banners that will last multiple years)			
Food/Refreshments – 4015 (Must adhere to district Administrative Procedure 6331, http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open &id=AKVUKX7C7F98)	Food for Event	\$2,000	
Printing – 4060 (flyers, posters, programs, forms, etc.)			
Technical & Professional Services – 5214 (Consultants/Guest Speakers/Entertainment) maximum \$1,200 per speaker per event maximum \$1,800 per performance	Speaker	\$300	
Capital – 6420			
	Grand Total	\$3,000	

No deficit spending will be allowed and all accounts shall be held to line item amounts. Funds allocated to a program must be used for the purpose stated in the original request and stay with that program and cannot be used for or allocated/donated to other programs without DASB Senate approval.

A budgeter's and an administrator's signature are required before this form will be considered.

The Budgeter and Administrator cannot be the same person.

<u>Dennis Shannakian</u>	Budgeter's Signature	408-864-8757	shannakiandennis@fhda.edu
Budgeter's Name (PRINT)		Phone Number	E-mail
Budgeter's Name (PRINT)	Budgeter's Signature	Phone Number	E-mail
Michele LeBleu-Burns	Administrators Signature	408-864-8218	<u>lebleuburnsmichele@fhda.edu</u>
Administrator's Name (PRINT)		Phone Number	E-mail

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