**DASG FINANCE COMMITTEE AGENDA ITEM**

This form must be submitted to Student Accounts **NO LATER** than 4:00 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: DASG Finance does not meet during the first week of the quarter, dead and finals weeks, breaks, or summer.

***Please submit the original and one (1) copy of this form and any attachment(s) for a total of two (2) sets.***

**Name:** Hyon Chu Yi-Baker **Signature & Date:** Hyon Chu Yi-Baker 11/16/2023

**Phone:** 669-287-6871 **E-mail:** yibakerhyonchu@fhda.edu

**Group or department you are representing:** Guided Pathways Village Center

*You are required to attend the DASG Finance Committee meeting, Monday at 4:00 PM (subject to change), to answer any questions for items 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)**

**1.**  **GENERAL ITEM (Includes Budget Transfers):**

**Summary of item:** (REQUIRED, use additional sheets if necessary)

**2.** X **NEW OR ADDITIONAL FUNDING:** **Total Requested Amount $ 6,000**

*Complete the next two pages as well when requesting new or additional funding. Attach additional sheets if necessary. Also attach additional details and event/program descriptions. Incomplete applications will not be accepted.*

|  |  |  |  |
| --- | --- | --- | --- |
| **3.**  **OBJECT CODE/LINE ITEM TRANSFER (*Only Page 1 Required; must attend Finance Committee meeting only if contacted*):**  **Account Name:**  **Account Number:** | | | |
| **From Object Code:** | **To Object Code:** | **Requested** **Amount $** | *DASG Use only* **Approved Amount $** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Reason for Transfer:** (REQUIRED, use additional sheets if necessary) | | | |
| ***The Budgeter and Administrator cannot be the same person.***    Budgeter’s Name (PRINT) Budgeter’s Signature Phone Number E-mail    Administrator’s Name (PRINT) Administrators Signature Phone Number E-mail | | | |
| Action Taken **(office use only)**   Transfer Approved and Forwarded to Student Accounts on  Transfer Denied  Date    DASG Chair of Finance Date DASG Advisor Date | | | |

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

**They are available at** [**https://www.deanza.edu/dasg/budget/**](https://www.deanza.edu/dasg/budget/)

**NEW OR ADDITIONAL FUNDING REQUESTS**

1. Program (Account) Name: GP Village Centers
2. Have you previously received DASG funding for this program?  
   No X Yes  DASG Account Number: Year Funded:
3. If yes, amount previously requested for current account $
4. If yes, total amount previously allocated current account $
5. How long has this program existed? 9 months
6. Number of students directly served or involved in this program: Thousands

***Please ACCURATELY and THOROUGHLY complete numbers 8 – 11 and use additional sheets if necessary.***

1. List ALL other accounts and/or sources of income (list ALL **Account Numbers**, **Account Names**, **Account Balances** and **Account Purposes/Restrictions**) also list ALL Co-Sponsorships for the Program; include anticipated future sources and co-sponsorships. Accounts and amounts will be verified. **Failure to disclose ANY and ALL non-DASG Funding Sources will result in the immediate disqualification of your request and/or the freezing of your DASG Account if already approved.**

B Budget Accounts:

Trust Accounts:

Fund 15 Accounts:

FHDA Foundation Accounts:

Grant Funded Accounts:

Other District Accounts:

Off-Campus/Off-District Accounts:

On-Campus Co-Sponsorships:

Off-Campus Co-Sponsorships:

1. 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? Guided Pathway Villages will be celebrating the first anniversary of its opening in February. The plan is to host an event in each of the villages with food, celebratory activities, and possible entertainment. GP is designed for students to have a clean and smooth pathway from entry to graduation or achieving their educational goals.
2. How do you use other funding to support your program? We use funds for salary support for faculty, staff and students.
3. What would be the impact if DASG did not completely fund this request? We would not be able to have a anniversary event at the size and scale we intend to plan for.
4. How have you been meeting or how do you plan to meet the budget stipulation of requiring that all students benefiting from DASG funds allocated to you have paid the $10 DA Student Body Fee and are DASG Members (DASG Budget Stipulation # 1)? We will promote DASG and encourage students to pay their annual DASG fee’s.
5. **Total amount being requested $ 6K**

***(You must also complete the object code information on the next page)***

**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 DASG 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.**

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DASG 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) | *DASG Use Only*Approved Amount |
| Student Payroll – 2310  Include hours to be worked x pay rate  **MUST ALSO COMPLETE BENEFITS – 3200** |  | NA |  |
| Benefits – 3200  (1.52 % for Student Employees)  **MUST BE COMPLETED WHEN REQUESTING PAYROLL** |  | NA |  |
| Supplies – 4010  (Office supplies or as specified in request or stipulations) |  | 600 |  |
| Banners – 4013  (Reusable banners that will last multiple years) |  | NA |  |
| Food/Refreshments – 4015  (Must adhere to district Administrative Procedure 6331, <http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open&id=AKVUKX7C7F98>) |  | 3,600 |  |
| Printing – 4060  (flyers, posters, programs, forms, etc.) |  | 600 |  |
| Technical & Professional Services – 5214  (Consultants/Guest Speakers/Entertainment)  maximum $1,200 per speaker per event  maximum $1,800 per performance |  | 1,200 |  |
| Capital – 6420 |  | NA |  |
|  | Grand Total | 6,000 |  |

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 DASG 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.***

Hyon Chu Yi-Baker Hyon Chu Yi-Baker yibakerhyonchu@fhda.edu

Budgeter’s Name (PRINT) Budgeter’s Signature Phone Number E-mail

Kim Palmore Kim Palmore palmorekim@fhda.edu

Budgeter’s Name (PRINT) Budgeter’s Signature Phone Number E-mail

Patty Guitron Patty Guitron guitronpatty@fhda.edu

Administrator’s Name (PRINT) Administrators Signature Phone Number E-mail

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