

DASG FINANCE COMMITTEE AGENDA ITEM - UPDATED

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.

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

Name: Dennis Shannakian Signature & Date: _____ 8/18/2022

Phone: 408-864-8757 E-mail: ShannakianDennis@fhda.edu

Group or department you are representing: Office of College Life

You are required to attend the DASG Finance Committee meeting, Monday at 3:30 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. **NEW OR ADDITIONAL FUNDING: Total Requested Amount \$ 3,639.00**
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.

<p>3. <input type="checkbox"/> OBJECT CODE/LINE ITEM TRANSFER (Only Page 1 Required; must attend Finance Committee meeting only if contacted):</p>			
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) _____			

<i>The Budgeter and Administrator cannot be the same person.</i>			
_____	_____	_____	_____
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)			
<input type="checkbox"/> Transfer Approved and Forwarded to Student Accounts on _____		<input type="checkbox"/> 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 <http://www.deanza.edu/DASG/budget/>**

NEW OR ADDITIONAL FUNDING REQUESTS

- 1. Program (Account) Name: DASG Card Production
- 2. Have you previously received DASG funding for this program?
 No Yes DASG Account Number: 41-55117 Year Funded: 2022-2023
- 3. If yes, amount previously requested for current account \$ 14,000
- 4. If yes, total amount previously allocated current account \$ 12,000
- 5. How long has this program existed? 50 + Years
- 6. Number of students directly served or involved in this program: 15,000 – 20,000

Please ACCURATELY and THOROUGHLY complete numbers 8 – 11 and use additional sheets if necessary.
 7. 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: None
- Trust Accounts: None
- Fund 15 Accounts: None
- FHDA Foundation Accounts: None
- Grant Funded Accounts: None
- Other District Accounts: None
- Off-Campus/Off-District Accounts: None
- On-Campus Co-Sponsorships: None
- Off-Campus Co-Sponsorships: 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?
To fund the installation of additional network ports in the Office of College Life for the Required ID Card System Upgrade.

9. How do you use other funding to support your program?

10. What would be the impact if DASG did not completely fund this request?
We could no longer produce and issue DASG Cards or VTA Clipper Cards once the system is upgraded for the rest of the District.

11. 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)?
The DASG Cards are for identifying DASG Constituents.

12. Total amount being requested **\$ 3,639.00**
(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 and Description	Description of Expenses for FHDA	Requested Amount	<i>DASG Use Only</i> Approved Amount
5214 – Technical Services	Install additional network ports in the Office of College Life	\$3,639.00	
	Grand Total	\$3,639.00	

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.

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

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