

# 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.**

**Name:** Nazy Galoyan

**Signature & Date:**

*N. Galoyan*  
NAZY GALOYAN (Jul 10, 2024 12:19 PDT)

**Phone:** 4088648292

**E-mail:** galoyannazy@fhda.edu

**Group or department you are representing:** \_\_\_\_\_

*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.  **NEW OR ADDITIONAL FUNDING: Total Requested Amount \$ 2500**

*Complete the next two (2) 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 \$	<i>DASG Use only</i> 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/>

**NEW OR ADDITIONAL FUNDING REQUESTS**

1. Program (Account) Name: Enrollment Services (Promise Students, Men of Color, ISP, VA, Work Study Students)

2. Have you previously received DASG funding for this program?

No  Yes  DASG Account Number:

Year Funded:

3. If yes, amount previously requested for current account \$ N/A

4. If yes, total amount previously allocated current account \$ N/A

5. How long has this program existed? Promise Students 7yrs; Men of Color 15 plus yrs; ISP 30 plus yrs;VA Forever; Work Study Students 2yrs

6. Number of students directly served or involved in this program: Promise Students 4000; Men of Color 170; ISP 1500; VA 350; Work Study Student 25

**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: Index:240049 DA Outreach; Fund: 114000; Orgn:224001; Prog: 671000; FRS Account: 142379; Financial Maganer: Rob Mieso/Nazy Galoyan

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: \_\_\_\_\_

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? We give out book vouchers, graduation certificates, food and decorations to celebrate our students in 5 different programs listed above.

9. How do you use other funding to support your program? Help us pay for cost of during the year events as well as end of year celebration of their graduation, certificates, food and decoration of events.

10. What would be the impact if DASG did not completely fund this request?

We are in deficit of our budget, so without the help of DASG funding, we would be in more deficit.

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)?

Yes, all the fund amount granted will be used toward our students in the 5 programs listed

**12. Total amount being requested**

**\$**

**\$2500**

*(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 <b>MUST ALSO COMPLETE BENEFITS – 3200</b>			
Benefits – 3200 (1.52 % for Student Employees) <b>MUST BE COMPLETED WHEN REQUESTING PAYROLL</b>			
Supplies – 4010 (Office supplies or as specified in request or stipulations)	To purchase some supplies for decorations	\$200	
Banners – 4013 (Reusable banners that will last multiple years)			
Food/Refreshments – 4015 Not for Conference and Travel; all Conference and Travel expenses, including meals, use Code 5510. (Must adhere to district Administrative Procedure 6331, <a href="http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open&amp;id=AKVUKX7C7F98">http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open&amp;id=AKVUKX7C7F98</a> )	To provide food and drink for our year end graduation celebrations of the 5 programs	\$2200	
Printing – 4060 (flyers, posters, programs, forms, etc.)	To print certificates for our students in the 5 programs	\$100	
Technical & Professional Services – 5214 (Consultants/Guest Speakers/ Entertainment/Workshop Presenters)			
Domestic Conference and Travel – 5510			
Capital – 6420			
<b>Grand Total</b>		2500	

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.***

\_\_\_\_\_  
Budgeter's Name (PRINT)      Budgeter's Signature      Phone Number      E-mail

\_\_\_\_\_  
Budgeter's Name (PRINT)      Budgeter's Signature      Phone Number      E-mail

\_\_\_\_\_  
Administrator's Name (PRINT)      Administrator's Signature      Phone Number      E-mail

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