Associated Students of Santa Monica College

EVENT PROPOSAL

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An event is any activity held on any SMC Campus that has a time and date.

For Additional Forms go to: www.smc.edu/as, see Forms & Documents Webpage or click on the linked words.

A.S. OFFICE USE ONLY – DO NOT WRITE IN THIS BOX.		
Scanned Date:	*Date Stamp*	
By- initials:		
Activities Mtg. Date:		*Proposal #*
Finance Mtg. Date:		
A.S. Board Mtg. Date:		

Note: If the event includes more than one day or location, complete the *Event Supplemental Form*

Proposal Type, select one: ◯ Club; ◯ Department; ◯ A.S. Director/Student Life Staff

CLUB or **DEPARTMENT NAME**: _____

EVENT NAME:_____ **DATE:**_____

LOCATION: 1st Choice:_____ 2nd Choice:_____

Beginning Time:	Ending Time:
Set-up Time:	Clean-Up Time:
Desired Equipment Delivery Time:	Desired Equipment Pick-Up Time:

CONTACT Person:_____ **Title:**_____

Ext/Cell Ph#:_____ **SMC Email:**_____**@** ◯**student.smc.edu;** ◯**smc.edu**

Full-Time Advisor / Supervisor Name:_____ **Ext #:**_____

CHECK all that apply for your Event Proposal:

◯ No Funding Needed or ◯ Funding Needed (requesting to use Club ICC Allotment and/or A.S. Funding)

❒ Co-Sponsor with A.S.

A.S. Director's Name & Title:_____

A.S. Director's Signature:_____ Date:_____

❒ Co-Sponsor with **CLUB(S),** attach a ***Co-Sponsorship Form*** with all the clubs authorized signatures.

❒ Co-Sponsor with **Dept(s)**, attach a ***Co-Sponsorship Form*** with all the depts. authorized signatures.

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EVENT PROPOSAL Cont'd.

Club / Dept. Name:_____ Event:_____ Date(s):_____

GUESTS & CONTRACTORS: *Note- Any vendor, agency, performer, speaker, or band providing service, must complete an **A.S. Contract Packet**; whether being compensated or not. All completed contract(s) must be attached to this proposal.*

Are you inviting guests that are not students/employees of SMC? ◯ NO, ◯ YES- list their names, titles, & service:

HIGH-PROFILE GUESTS: *Note- you must notify in writing, of any high-profile guests to Dr. Grass, Associate Dean of Student Life, Campus Police Chief, and the SMC President's Office, at least five (5) business days in advance.*

Are you inviting dignitaries, politicians, celebrities, media, FBI, etc.? ◯ NO, ◯ YES- list names & titles:

GUEST PARKING NEEDS: *Note- each event is allowed 3-4 visitor parking passes, unless otherwise pre-arranged with Campus Police. It is the responsibility of the advisor to contact the parking kiosk on the morning of the event for parking passes.*

From the guest-lists above, who will need a visitor parking pass?

EQUIPMENT:

A) **Tables/Chairs/Canopies** need to be ordered from a PARTY RENTAL COMPANY and be included in your budget.

How many: Tables_____; Chairs_____; Three-sided Food Canopies_____; Regular Canopies_____

B) **Audio Equipment?** ❒ Sound System; ❒ Mics- how many: ___; ❒ Podium-built-in-mic; ❒ Podium without mic

FOOD & BEVERAGE: Will you be serving food / drink / candy? ◯ NO, ◯ YES- attach the ***A.S. Pre-Filled Health form.***

GIVEAWAYS & FREEBIES: Are you giving away anything- items, food, drinks, etc.? ◯ NO, ◯ YES- list them-

FUNDRAISING / DONATIONS: Are you selling anything, and/or collecting donations? ◯ NO, ◯ YES- list them and *attach the **SMC Collection of Funds form**.*

VENDOR DELIVERY: Will a vendor be delivering food, supplies, or equipment? ◯ **NO,** ◯ **YES- list them-**

Note: advisor must contact campus police at least five (5) business days before the event.

LAYOUT DIAGRAM: Attach a diagram detailing the layout of your event. Blank Diagrams are available for the ***Quad***, ***Library Walkway***, ***Clocktower***, and the ***Organic Learning Garden area***; all others will need to be drawn out by you.

SUPERVISING ADVISOR for the EVENT must be FULL-TIME SMC Faculty or a Manager.

Co-Advisors may be Adjunct Faculty, Full-Time Classified employees, or another Full-Time Faculty employee.

I have read, understand, and agree to comply with the rules in the Club Advisor's Responsibilities form on the A.S. Website.

I will be present before, during and after the student event, to ensure the students' safety and college policy adherence.

Supervising Advisor's Name	Department	Ext.	Signature

Co-Advisor(s) Name	Department	Ext.	Signature

Associated Students of Santa Monica College

EVENT PROPOSAL CRITERIA

Club / Dept. Name:_____ Event:_____ Date(s):_____

Associated Students Mission, Vision, and Goals

According to the Associated Students Constitution, By-laws and Fiscal policy, all proposals must be consistent with the A.S. Mission Statement (**A.S. Constitution** 1.2) and adhere to all A.S. Governing documents described in the A.S. Constitution (1.3.3). To that end, please provide us with the requested information below.

This proposal meets the mission of the Associated Students by (select and explain all that apply below).

1. ❒ Promote educational advancement;
2. ❒ Encourage greater student involvement on campus;
3. ❒ Provide students with membership benefits, resources, and services;
4. ❒ Ensure good communication between students, faculty, staff, administration, and the community;
5. ❒ Promote students' rights and provide effective representation of student interests and concerns in shared governance, the College, local community, and at the State level;
6. ❒ Promote and enhance a positive cultural and educational environment on campus;
7. ❒ Promote the development of leadership, global citizenship, and community service;
8. ❒ Promote and encourage sustainable practices;
9. ❒ Provide resources and guidance to student organizations.

Proposal Description and Details

Please discuss how this proposal meets the above selected goals of the Associated Students mission, vision, and goals.

EVENT PROPOSAL FUNDING & SIGNATURES

Club / Dept. Name:_____ Event:_____ Date(s):_____

BE ADVISED:

1. You must obtain FINAL APPROVAL at an A.S. BOARD OF DIRECTORS Meeting, before you can spend the requested funds.
2. You are required to attach a legitimate price quote, with taxes, shipping/handling, service fee, gratuity fee, & misc. costs, for each vendor you are paying, along with their W-9 tax form and an ***A.S. REQUISITION***. Remember to complete and attach a requisition to each of the A.S. Contract Packets.
3. All service providers, etc., must complete a full ***A.S. CONTRACT PACKET***, and they must be paid with a check issued by A.S.
4. Attach all contracts, since the Associate Dean of Student Life must review and approve all contracts before service and/or items are provided.

Note: click on the linked words or go to www.smc.edu/as, see the Forms & Documents webpage.

BUDGET: list items or attach a budget sheet with all the costs and items.			***FUNDING DISTRIBUTION & CONTRIBUTIONS***
	$		Club ICC Allotment = $
	$		Club Special Account = $
	$		Student Contributions = $
	$		Other Funding Source = $
	$		Addt'l. A.S. Funding Requested = $
TOTAL COSTS FOR EVENT – NOT TO EXCEED	$		TOTAL CONTRIBUTIONS = $

Provide a brief explanation of what the funds will be used for:

REQUIRED SIGNATURES: Clubs or A.S. need 3 student officers & 1 FT Advisor (full-time faculty / manager). Depts. only need a FT Staff / Mgr. as the FT Advisor and no student officers are needed.

Authorized Persons	Print Name	Title	Signature	Date
Student Officer #1				
Student Officer #2				
Student Officer #3				
Full-Time Advisor				

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1. Is the Club Currently Installed (attending ICC Mtgs)? Yes No
2. Are the Club Officers registered with A.S.? Yes No
3. Is Proposal filled out completely with proper attachments? Yes No

Proposal Verified by Student Life Staff: _____ Date: _____

ACTIVITY Mtg. Date: _____ **❒N0-Show; ❒Denied; ❒Postponed; ❒Approved; ❒Pending:**_____

Note: _____

A.S. Activity Dir. Signature: **Associate Dean of Student Life Signature:**

FINANCE Mtg. Date: _____ **❒N0-Show; ❒Denied; ❒Postponed; ❒Approved for TOTAL FUNDS $**_____

Note: _____

Funding Breakdown of
Acct. Names & $Amts.: [#1**_____**$_____**] [#2**_____**$**_____**] [#3**_____**$**_____**]**

A.S. Bdgt.Mgt.Dir. Signature: **Associate Dean of Student Life Signature:**

A.S. BOARD Mtg. Date: _____ **❒N0-Show; ❒Denied; ❒Postponed; ❒Approved for TOTAL FUNDS $**_____

Note: _____

Funding Breakdown of
Acct. Names & $Amts.: [#1**_____**$_____**] [#2**_____**$**_____**] [#3**_____**$**_____**]**

A.S. Bdgt.Mgt.Dir. Signature: **Associate Dean of Student Life Signature:**