SANTA MONICA COLLEGE
FOUNDATION

PROGRAM FUNDING APPLICATION

Requested by		Department		Ext
Program or Required Date	**Program Name**		**Amount Requested**	**Application Date**

Please briefly describe the program and the need for Foundation funding.

Please provide budget information (make sure total equals amount requested).

Vendor/Line Item	Amount	Vendor/Line Item	Amount

If approved, additional check requisitions and/or receipts may need to be obtained.   **Total Budget**

X _____   X _____
Signature of Requestor   **Date**   **Signature of Department Chair/Manager**   **Date**

_____   _____
Name of Requestor   **Name of Department Chair/Manager**

Please forward completed application ot the SMC Foundation Office

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Fund Name

X _____
Foundation Administrator   **Date**

Fund ID #

Account #   X _____
SMCF Board of Director (Required if over $2,000)   **Date**

Please allow 4 to 6 weeks for your application to be reviewed.