



# Funds Request Form

Please submit signed form to SFCC Foundation at least **21** days prior to the start date of your event or project.

Date:		Contact Person(s) and position(s):	
Sponsor:			
Contact Phone Number(s):		Email:	

Event/Project Name:		Event/Project Purpose: (summary)	
Event/Project Date:			

	Event/Project Description:	Amount:
<b>TOTAL:</b>		

I agree to follow all SFCC policies and procedures while expending any funds received on behalf of this project. Further, I agree to include the Foundation logo (above) and the following language in all printed, electronic, and oral communications: "This (event or project) is sponsored in part with support from Santa Fe Community College Foundation."

\_\_\_\_\_  
SFCC Event/Project Lead

\_\_\_\_\_  
Date

\_\_\_\_\_  
SFCC VP/Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director  
SFCC Foundation

\_\_\_\_\_  
Date