



Spring Submission **Deadline May 1, 2024**

Form MUST be typed

Date: _____

Name Program: _____

Please check which category best describes your project:

Arts & Culture Science & Technology Athletics & Fitness Other _____
Career & Training Humanities/Social Sciences Community Engagement

Applicants Name: _____ Research presentation assistance request

Title/Position: _____ Department: _____

E-mail: _____ Phone: _____

Amount requested: \$ _____ Do you have a Foundation Account? Yes

- What do you propose to do? _____

Other Sources of Funding (\$ amount and entity/area) _____

Specific budget details. If the project includes an outside vendor, please include a bid/quote.

Printing Cost \$ _____ Supplies/materials Cost \$ _____ Beverages \$ _____

Food \$ _____ Labor Cost \$ _____ Other \$ _____ (specify) _____

Timeline/date of the project/event? _____

How will the Foundation be recognized? _____

Your signature indicates approval of this request to the LA City College Foundation and compliance with the Foundation regulations and requirements.
If funds are granted, any changes to the project must be requested in writing.

_____	_____
Applicant's signature	Date
_____	_____
Dean/Program Chair/Director or Vice President signature	Date

Print Name of Dean/Program Chair/Director or Vice President	

Request Review committee comments and/or recommendations: _____

This request was denied/approved on _____ The amount awarded is \$ _____

Please complete this form digitally, print, sign and submit to the Foundation Office, attention Lisa Nashua, Ph.D.