The Center for Student Life and Leadership Development
Vending Commission

VENDING FUND PROPOSAL APPLICATION

REQUESTOR CONTACT INFORMATION	
Event Coordinator Name:	Position:
Department/Club/Program:	
Phone:	E-mail:
Club Advisor Name:	
Phone:	E-mail:

EVENT INFORMATION	
Event Title:	
Proposed Artist/Talent/Speaker *(Please attach detailed information)*:	
Date (s):	Day(s):
Time(s):	Location (s):
Target Audience:	Expected Attendance:

Please answer the following questions in a separate Word document:

- Provide a description of the program/event.

- Identify the goals/objectives of the program/event

- Define the program/event benefits to Cañada College students

CO-SPONSORSHIP INFORMATION (Other possible sources of funding)	
Sponsoring Department/Club/Program:	
Contact name:	Position:
Phone:	E-mail:
Estimated Financial Contribution: $	
Sponsoring Department/Club/Program:	
Contact name:	Position:
Phone:	E-mail:
Estimated Financial Contribution: $	
Sponsoring Department/Club/Program:	
Contact name:	Position:
Phone:	E-mail:
Estimated Financial Contribution: $	
Total Possible funding (other than Vending Funding): $	