# BCSGA: Campus Collaborative Action Grant (FY18)

#1

Is this Event or Travel Request *	No		
Submitter's Name *	Heather Foss		
BC ID Number *	@00362771		
Submitter's Number *	(661) 477–2248		
Submitter's Email *	heather.foss@bakersfieldcollege.edu		
Submitter's relation to the BC Agency *	Coach		
Name of BC Agency *	Bakersfield College Cheer Team		
Type of BC Agency	BC Student or Group of Students		
What is the mission of your BC Agency *	The sole purpose of the Bakersfield College Cheer team, is to promote community and campuswide support to all things Bakersfield College. To say this group of athletes are just cheerleaders, falls very short of what we actually are, we are ambassadors of Bakersfield. All of our cheerleaders are academi scholars; portray exceptional conduct; and are excellent athletes who spend many long and hard hours training		
Title of Program *  Date of Event *			
If the same event reoccurs, please submit all dates:			
Start of Event Time: *			
End of Event Time: *	Annual de la manual		
Location of Program *			
Are the Event Details confirmed? *	1 Marie Sand Cas		
s the event open to all BC Students? *			
s the event open to Community Members? *	•		
Expected Attendance Range *			
How many students will be directly served by your request. *			

Does your program include food? *	
Letter of Intent for your Request	
If there any other StudOrgs, Departments, or other groups that are co-sponsoring this request, please list them here.	
Letter of Support	
Letter of Support	
	1500
Total Funds Requested *	4,000 1000
List the amount of "General Fund" funding your program may receive for this event: *	\$o )
List the amount of "Categorical Fund" funding your program may receive for this event: *	<b>\$</b> 0
List the amount of "Foundation/Fundraising/Donations Fund" funding your program may receive for this event: *	\$0
List the amount of other funding your program may receive for this event: *	\$0
What is the average out-of-pocket expense to a BC Student participant or others for this program? *	<b>\$0</b>
CCA Itemized Budget Worksheet *	bc_budget 40.84 KB - UNKNOWN
Quote Attachment *	screen_shot_20170726_at_11.50.51_am.png 433.76 KB · PNG
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Quote Attachment	

# Quote Attachment In order to submit a CCA Grant, the submitter, on behalf of the BC Agency, agrees to the CCA Grant Conditions and Process. \* Created 29 Aug 2017 3:29:00 PM PUBLIC 1/We Agree 1/We Agree

3 of 3



## **Customer Order Summary**

**Bakersfield College** 

Billing Information: Shipping Information: Alternate Shipping:

BAKERSFIELD COLLEGE HEATHER FOSS

HEATHER FOSS HEATHER FOSS

1801 PANORAMA DR 5500 COLLEGE AVE

BAKERSFIELD,CA 93305-1299 BAKERSFIELD,CA 93306

KERN US KERN US

Phone: (805)395-4355 (805)395-4355

Fax:

Contact Name: HEATHER FOSS Phone: (661)477-2248 Email: heatherdfoss@gmail.com

Squad Type: COLLEGE Squad Class: CHEER Squad Group:ALL SPORTS/YR ROUND

Tax Exempt? N On File? N Tax# Expiration Date:

Tax Rate: 7.250 % Tax Freight? N

**Invoice Comments:** 

Pay	ment Type:	Pay Name:	Individual:	Number:	Date:	Am	ount:
MU	JLTIPLE ORDER PMT FORM	FOSS			6/16/2017	\$11	,875.21
				Te	Total Payment: \$11,875.2		875.21
<u>#</u>	Style#/Package#	<b>Description</b>	Colors	Word	Oty	Unit Price	Unit Total
1	MF1614W	MotionFLEX Shell			21	\$74.95	\$1,573.95
2	CFGT3	3 Color Giant	FWH FSC FBK	RENEGADES	21	\$65.50	\$1,375.50
3	MFBLR1614CV	MotionFLEX Bodyliner			21	\$70.95	\$1,489.95
4	MFS1614B	VSF MotionFLEX Skirt			21	\$66.95	\$1,405.95
5	SPTS1458P	Striped Team Tee/Qty 12+		BAKERSFIEL	D 22	\$50.00	\$1,100.00
6	F161	Front Graphic/Colored Tee		cheer	22	\$3.00	\$66.00
7	SLCPM1701	Polo			21	\$23.95	\$502.95

unidorms for cheencaders

6/29/2017

Varsity Spirit Fashion P.O. Box 751210 Memphis TN 38175-1210

Page 1 of 6

Email: sanderso@varsityspirit.com

This is not an invoice. Tax is an estimate.

Sales tax, when applicable is calculated at the time your order is shipped complete and invoiced.

Rep Name: Sue Anderson Phone: (661)588-8754 Fax: (661)588-8754

### ALLOW FIVE WORKING DAYS FOR THIS REQUISITION TO BE PROCESSED BY THE BUSINESS OFFICE

**BAKERSFIELD COLLEGE** 

ACCOUNT NAME

# **REQUISITION**

REQUISITION NO. 2483

REQUEST FOR: (Check one in each column)

REQUESTED BY

☐CHECK
☐PURCHASE ORDER
☐TRANSFER OF FUNDS

☑SGA □CO-CURRICULAR

☐MAIL JLAR ☐PICK UP

PROGRAM

**T**FOUNDATION

**OTHER** 

16-16	P.O./CHECK/TRANSFER NO.		
	ACCOUNT	ACTIVITY	

ISSUETO:

NAME BC Cheer Team

ADDRESS 3113 Panorama Dr.

93306

IMPORTANT: BAKERSFIELD COLLEGE IS NOT RESPONSIBLE for material or services purchased without proper authorization.

QUANTITY	UNIT	DE	SCRIPTION	UNIT PRICE	AMOUNT
24		Cheer Unito	rm (top, slear, shoes boo	\$548.49	13,128
24		Practice We		\$64	1536
24		Poms Warmu		#115	+2751
24		Shrits & S	horts/Sweatshirts	76.39	41833
24		Athletic Bay	as	414.78	354.75
24		Performance Lib	Sticle	#30	1720
24		USA Training	Camp	#179	<del>9</del> 4,475
24		Cheer Box	es	490	2,343
				*	
				2	7,140
ACTIVITY:				DATE OF ACTIVITY	s/n
FACULTY ADVISOR/ADMINISTRATOR		VICE PRESIDENT	SGA/CLUB OFFICER		
APPROVED BY					
APPROVED BY			APPROVED BY	BC BUSINESS OFF	ICE

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