

ESTIMATED BUDGET

Title of Proposal: Free the Period

Unit/Event/Program/Student Organization: PERIOD@UC Davis

Item	ESTIMATED COST	SUB-TOTAL
<b>A. Lecture / Entertainment: Honoraria / Performers</b>		
1. _____	\$ _____	\$0.00
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
5. _____	\$ _____	
<b>B. Publicity: Flyers / Posters / Ads / Mailing / Printing</b>		
1. Website Domain and Registration- "Freetheperiod.com"; Vendor: Weebly	\$ 58.00	#NAME?
2. Facebook Advertisement Post Boost; Vendor: Facebook- 8 weeks, \$10 per Boost	\$ 80.00	
3. Posters (8.5 x 11) Vendor: Copyland (9 Bathrooms x \$.50)	\$ 4.50	
4. Posters- Quartersheets: Vendor: Copyland (355 posters x \$.0125)	\$ 44.50	
5. Reusable Plastic Page Protects (9 Bathrooms x \$.10)	\$ 0.90	
6 Masking Tape, Vendor: Amazon	4.85	
7 _____	\$ _____	
<b>C. Food: Refreshments, Breakfast, Lunch, Dinner (Include cost per person)</b>		
1. _____	\$ _____	\$0.00
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
5. _____	\$ _____	
<b>D. Decorations / Props</b>		
1. _____	\$ _____	\$0.00
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
5. _____	\$ _____	
<b>E. Facility: Room Rental / Room Setup Fees / Equipment Rental / AV</b>		
1. _____	_____	_____
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
<b>F. Travel: Transportation / Parking / Lodging</b>		
1. _____	\$ _____	\$0.00
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
5. _____	\$ _____	
<b>G. Other</b>		
1. _____	_____	\$11,649.80
2. _____	_____	
3. _____	_____	
4. [2019-2020] Cardboard Applicator Tampons, Vendor: Aunt Flow, (\$.11/lampon x 37658)	\$ 4,142.38	
5. [2019-2020] Organic Cotton Pads, Vendor: Aunt Flow, (\$.11/pad x 61090)	\$ 6,719.90	
3. UC Davis Sales Tax (7.25% of product purchase)	\$ 787.52	
		#NAME?
<b>Other Funding Sources: Income / ASUCD / Dept &amp; Club Contribution</b>		
Ticket Sales	_____	\$0.00
Registration Fees	_____	
Program Advertising Sales	_____	
Merchandise Sales (T-shirts, etc.)	_____	
Club Contribution	_____	
ASUCD Contribution	_____	
Other	_____	
Total Expenses #NAME? Less Total Income \$0.00 Amount Requested From COSAF: #NAME? *		
* Must match the amount requested on the application.		