



Associated Students, Inc.

Funding Request Form

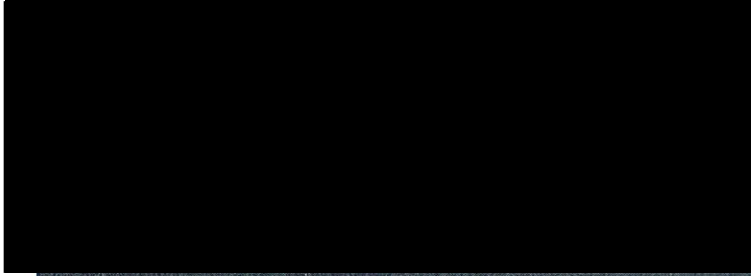
2016-17

...For the Students, by the Students!

Necessary Documents:

- Event Flyer w/ A.S.I. Logo
- CSI Event Reg. Form
- Estimates / Food Permits
- Event Estimates / Invoices

Contact



Organization

Club/Organization: Rehabilitation Counseling Association
 Event Title: RCA Graduation Mixer
 Date(s) of Event: 5/23/17 Quarter: Fall ^{1st} Spring
 Location of Event: CSULA-USU-Los Angeles Room
 Expected Total Attendance: 140
 Expected Attendance of Cal State LA Students: 100

Event Description and Total Cost Breakdown

Briefly describe the event:

Graduation mixer to celebrate the accomplishments of the undergraduate and graduate students of the Charter College of Education's Special Education and Counseling Department with faculty, staff and family.

Is the event open to all Cal State LA students?: No Yes

How will this program enhance the Cal State LA experience?:

This event will enhance student development. It will move each graduate into a world where they can apply principles learned and improve lives. It will further motivate and enrich future cohorts.

Hospitality

Description	Amount
Catering (Golden Eagle)	\$3,625.00

Honoraria/Contracts

Description	Amount
N/A	

Marketing

Description	Amount
Flyers/Invitations	\$100.00

Other

Description	Amount
Decorations	\$250.00
Tickets	\$40.00
Event Program	\$100.00

Event Summary

Total Cost of Event:	\$4,115.00
Amount Requested from A.S.I.:	\$3,000.00
Amount from other sources:	\$1,115.00

What other resources are you employing for this event?

Ticket sales and fundraisers. \$15 per ticket

For Office Use Only • Do Not Write Below

Important:

- (1) All Funding Request Forms must be turned in by 12 PM Monday, the week of the Finance Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

All forms must have a Time Stamp and

staff initial: MT

17 MAR 2017 13:35:38
 17 MAR 2017 13:35:38

Date

Time

Name
R.SVP

by

_____ Date

Tentative program

3 hrs *



RCA Grad Mixer

Rehabilitation Counseling
Association



TUESDAY MAY 23, 2017



2:00PM to 5:00PM

AT CAL STATE LA
University Student Union

Los Angeles Room

5154 University Dr. Los Angeles, CA 90032

Tickets- \$15.00 each

RSVP by April 28th 2017

rcacsula@gmail.com

STUDENT ORGANIZATION EVENT REGISTRATION FORM



This form must be completed 10 working days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted on websites until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: REHABILITATION COUNSELING ASSOCIATION PHONE: 213-926-3143 DATE: 2-28-2017
 EVENT CONTACT NAME: SIMONE A. BENT EMAIL: RCACSULA@GMAIL.COM
 NAME OF EVENT: RCA GRADUATION MIXER LOCATION: USU-LOS ANGELES ROOM
 EVENT DATE: 05-23-2017 BEGIN TIME: 1:00 PM END TIME: 5:00 PM ESTIMATED ATTENDANCE: 140

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

FUNDRAISER EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM
 DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION

OTHER:

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR TOURNAMENT FOREST CLEAN-UP INTERNATIONAL TRAVEL
 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

THIS IS A GRADUATION MIXER TO CELEBRATE THE ACCOMPLISHMENTS OF THE UNDERGRADUATE AND GRADUATE STUDENTS OF THE CHARTER COLLEGE OF EDUCATION'S SPECIAL EDUCATION AND COUNSELING DEPARTMENT WITH FACULTY, STAFF AND FAMILY. IT IS A TIME TO APPLAUD THEIR JOURNEY THROUGHOUT CAL STATE LA AND THEIR MOVEMENT INTO HIGHER EDUCATION AND INTO THE CAREER FIELDS OF THEIR CHOICE.

WHO IS INVITED (CHECK ALL THAT APPLY):

STUDENT ORG. MEMBERS CAL STATE L.A. COMMUNITY OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement. NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?

(If yes, please complete statement regarding cash transactions on the back of this form) NO YES, HOW MUCH? \$15.00 PER PERSON

WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain N/A

WILL FOOD BE SERVED AT THE EVENT? NO YES

IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER:

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials

If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? NO YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

STATEMENT REGARDING CASH TRANSACTIONS

As an officer of: **THE REHABILITATION COUNSELING ASSOCIATION (RCA)**, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

ALL TICKETS SOLD WILL GO TOWARDS THE COST OF CATERING, MARKETING, DECORATIONS, TICKETS, AND THE EVENT PROGRAM FOR THIS EVENT. FUNDS HAVE BEEN REQUESTED FROM ASI VIA THE ASSOCIATED STUDENTS, INC. FUNDING REQUEST FORM; HOWEVER, TICKET SALES AND ADDITIONAL FUNDRAISERS WILL BE USED TO COVER THE COST NOT HONORED BY ASI.

PRESIDENT: SIMONE A. BENT

SIGNATURE: *Simone Alicia Bent* DATE: 2/28/17

TREASURER: DAFNE PERDOMO

SIGNATURE: *[Signature]* DATE: 3/1

EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.

CONDUCT: The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.

ALCOHOL: Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.

PUBLICITY: All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME
SIMONE A. BENT

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE: 2/28/17

ADVISOR'S NAME
FRANCES SIU

Frances Siu

FEB 28 2017

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

SIGNATURE:

DATE: 3/6/17

CENTER FOR STUDENT INVOLVEMENT DIRECTOR:

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED: _____

NOTIFICATIONS:

PUBLIC AFFAIRS DATE: _____ ATHLETICS DATE: _____

DEPT. OF PUBLIC SAFETY DATE: _____ FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:



Golden
Eagle
Hospitality

California State University, Los Angeles
5151 State University Drive, Los Angeles, CA 90032
Phone: (323) 343-6770 - Fax: (323) 343-6771
Banquet Event Order

BEO # E29110
Event Date: 5/23/2017 Tuesday

Client/Organization	Event Date	Booking Contact	Event #
Rehabilitation Counseling Association	5/23/2017 (Tue)	Alejandra Munoz	E29110
Address	City, St/Prov Postal	Booking Tel	Guests
5151 State University Drive	Los Angeles, CA 90032	(818) 919-0058	140 (Act)
Party Name	Sales Rep	Theme	Category
Rehabilitation Counseling Associati	Amanda Tapia		

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		3:00 pm	3:30 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Set up in USU Los Angeles room by 3:30PM			
(140) Disposables	Guest(s)	0.35	49.00
(140) Option A - Buffet	Guest(s)	20.00	2,800.00
-Traditional Caesar Salad			
-Homemade Bread & Butter			
-Grilled Sliced Chicken with Lemon- Herb Sauce			
-Mashed Potatoes			
-Sautéed Vegetables			
-Chocolate Ganache			
-Fresh-Brewed Iced Tea (Unsweetened)			
-Water Service			

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	2,849.00	0.00	0.00	0.00	0.00	0.00	0.00	2,849.00
Service Charge	484.33	0.00	0.00	0.00	0.00	0.00	0.00	484.33
Taxes	291.67	0.00	0.00	0.00	0.00	0.00	0.00	291.67
Total	3,625.00	0.00	0.00	0.00	0.00	0.00	0.00	3,625.00
Subtotal	2,849.00	Paid	0.00					
Tax	291.67	Balance	3,625.00					
Service Charge	484.33							
Total Value	3,625.00							

By signing this document, you are authorizing UAS to deduct payment from the above charge account once service is rendered. This

Authorized Signature & Date: _____

GEH Signature & Date: _____

E29110 - Rehabilitation Counseling Association

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 8.75% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: _____

GEH Signature & Date: _____