# ASSOCIATED Students, Inc. Funding Request Form

"...For the Students, by the Students!" 2018-19

#### **Necessary Documents:**

- Event Flyer w/ ASI Logo
- CSI Event Reg. Form
- Estimates / Food Permits

Contact		Organization	Event Estimates / Invoices		
Officer Name:		Club/Organization: Financial Managem			
Officer Title:		Event Title: Boba Fundraiser			
Address:		Date(s) of Event <u>09/12/18</u> Semester Select One			
City/State/Zip:		Location of Event: Near CSULA Bookstore  Expected Total Attendance:  Expected Attendance of Cal State LAStudents:			
Phone & Email:					
Officer Signature:					
Event De	escription a	nd Total Cost Breakdown			
Briefly describe the event:		Is the event open to all Cal State LA st	udents?: Select One		
Fundraising Milk tea and Thai tea with or without boba to raise funds to help the organization.		How will this program enhance the Cal This event will allow students to the food court.			
Hospitality		Honoraria/Contracts			
Description Milk Tea (30 quantity) with Boba	Amount \$60.00	Description	Amount		
Thai Tea (30 quantity) with Boba	\$60.00	-			
Tax (9.5%)	\$11.40	*			
Marketing		Other	· .		
Description	Amount	Description	Amount		
	•				
Event Summary	<b>A</b> 404.40	For Office Use Only • Do I	Not Write Below		
Total Cost of Event:	\$131.40	Important: (1) All Funding Request Forms must be t	turned in by 12 DM		
Amount Requested from ASI:	\$131.40	Friday, the week before the Funding S			
Amount from other sources:		(2) Additionally, funding request forms mu			
What other resources are you employing	for this event?	than 10 business days (2 weeks) prior (3) Deadline for Request for Payment or			
What other resources are you employing	IOI UIIO EVEIIL!	15 days after the event.			
		All forms must have a Time Stamp ar	<u>nd</u>		
		staff initial: 5 k 19 AUG 28 P	Barrell Constitution Constituti		

### STUDENT ORGANIZATION





## **EVENT REGISTRATION FORM**

This form must be completed 10 business 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 online 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: DATE:
EVENT CONTACT NAME: EMAIL: EMAIL:
NAME OF EVENT: MARGINER STATE OF THE STATE O
EVENT DATE: BEGIN TIME: END TIME: ESTIMATED ATTENDANCE:
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)  PROCEEDS TO BENEFIT
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)  SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP BONFIRE INDOOR/OUTDOOR COOKING OMESTIC TRAVEL  AMPLIFIED SOUND ANIMALS  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)
PRINTED POSTCARDS  PRINTED POSTERS/FLIERS  SOCIAL MEDIA:  NCLUDE SITE & HANDLE
WHO WILL BE INVITED? (CHECK ALL THAT APPLY):  ■ STUDENT ORG. MEMBERS  CAL STATE LA COMMUNITY  OTHER COLLEGES & UNIV.  GENERAL PUBLIC  GUEST LIST
Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a biweekly email by the Center for Student Involvement.  IV NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.
WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION?  (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form)  YES
WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)
WILL THE EVENT HAVE SECURITY? V NO YES If yes, please explain
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. CA 917
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? VIOL YES INITIALS
If so, please affirm organization members and guests will not consume alcohol.  PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS AND AGE 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO WILL BE INVITED ON PAGE 2.
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? VIOLENTED 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.  Updated 08.13.08   Page 1 of 2

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#### STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy. Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

PRESIDENT:		SIGNATURE:		DATE:	
TREASURER		SIGNATURE:		DATE:	
U-SU STUDENT	ORGANIZATION ACCOUNT #:		or APPROVED EXE	MPT STATUS: CSI VERIFICATION	C.A
	UIDELINES				
to comply wi	guidelines are provided for the benefit th any of the following guidelines may re events and use of facilities. More informa	esult in disciplinary action ta	ken against the organiz	ration including suspension of	
CONDUCT:	The organization assumes full responsibility for the organization to disciplinary action by the C			rsity policy may subject the participan	nts and/or
ALCOHOL:	In accordance with Administrative Procedu alcoholic beverages requires authorization Beverages form in addition to this Event Re Approved alcohol consumption events and members and two Sexual Violence Prevent guidelines may be enforced.	from the University. Your organ egistration Form. Please allow a d events held where alcohol is a	ization must complete ar t least 3 weeks for this fo vailable (but will not be c	d submit a Request to Serve Alco rm to be reviewed by the Universi onsumed) require at least two TiP	holic ty. S certified
PUBLICITY:	All publicity material must comply with University marketing registered events are required to been registered. All printed material may be VALID THRU * stamp must be clearly virial stamp must be clearly virial stamp.	be stamped by CSI prior to the e posted for up to a period of fo	eir approved posting. Sta ourteen (14) calendar day	mps can be obtained after the eve	ent has
GENERAL RELEASE:	If your event will require the use of general to comply with all instructions provided by				required
FOLLOW AL	RE BELOW INDICATES THAT I WILL TAKE R L GUIDELINES SET FORTH BY THE UNIVERS JECT TO CANCELLATION BASED ON MY OR	SITY. I ACKNOWLEDGE THAT T	HIS EVENT AND ANY AS		
	ORG. OFFICER'S NAME		SE BLUE OR BLACK INK ONI	.y) date: 08/23/18	
ADVISOR'S	SNAME	A A		08/23/18	
naminimanini	IIIIIIIIIIIIIIIIIIIACKNOWLEDG	MENT - FOR OFF	ICE USE ONL	<b>Y</b> unasambiduadan	HEROMOTORIA
CSI VERIF	FOR STUDENT INVOLVEMENT (U-SU IES THE ORG. IS RECOGNIZED BY THE UNI NT DEAN OF STUDENTS: WELLNESS	VERSITY Ujatjan	ATURE:	2/27/18 2/27/18	
GENERA	RELEASE REQUIRED FOR ALL PARTIC		DATE REQUIRED:		
<b>—</b>	uc affairs DATE:	AHE	The second second	DATE	
	OFPUBLIC SAFETY DATE:		TIES USE COORDINATOR	DATE:	
I OTH	ER DATE:	1 10-50 8	USINESS OFFICE	DATE:	

NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)

## CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT





09/12/18 Date of Event:		Estimated Attendance:				
Name of Event: Boba Fundraiser						
Fundraiser Type of Event:	Location: Near CSULA Bookstorer					
Sponsoring Organization: Financial Management As	ssociation					
Authorized Representative	Phone:	Fax:				
Time:						
Access Time: 10:30AM a.m./p.m. to 2:30 PM Event Time: 10:30AM a.m./p.m. to 2:30PM	a.m./p.m. a.m./p.m.					
Type of Food Service:  Bake Sale Snacks Food Sale Barbecue Potluck Other (de	e Catering escribe below)	(Provide caterer's complete name above this box; see Paragraph 6.2 Facility Guidelines for further in	2(e) in Temporary Fo			
List <u>all</u> food and potentially hazardous food ( <i>see</i> Temporary ingredients), use back of page if necessary. No food bein	Food Facility Guide g sold.	lines for definition) items to be	e sold/served (incl	lude		
Where will this food be prepared or purchased [Note no Hon	ne Baked/Cooked Ite	ms are Allowed]? No food	being sold.			
List all beverages to be sold/served: Milk Tea and Thai	Tea served wit	h boba.	And the state of t			
Where will beverages be prepared or purchased?	arvey Avenue, F	Rosemead CA 91770	Banh +	11 Che CALI		
Method/s of maintaining proper holding temperatures for police Cooler filled with ice to keep beverages co	tentially hazardous fool and to preven	ood/s during transportation and ent spoilage.				
Agreement: For the privilege of selling foods and/or bevera handling orientation (offered at the beginning of Fall and Sp Temporary Food Facility Guidelines governing food sales or and/or beverage selling/serving privileges and possibly disci	ring quarters), agree r service. Failure to	s to read, understand, and com	ply with the CSL.	.A		
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, coverage from the Associated Students, Inc. (ASI) at least to Student Organization's activity in its insurance policy. This proof of ASI insurance.	wo weeks prior to the	e event date and ASI agrees to	include the Spons	soring		
No liability will be assumed by California State Universi Services for any food or beverage the sponsoring organic submitted at least 10 days prior to the activity for proper revevent date.	zation provides to the	he campus community. This	permit should be			
All signatures shall be obtained in the following order.	Student organizations	s need <u>all</u> signatures; other org	anizations 1, 3 an	id 4 only.		
Pin I						
1. Signature of Sponsoring Organization Chairperson		Authorized Representative to 8.24.18	be present at ever	nt		
2. Center for Student Involvement (UU 204) (Student Ofga.		8	ate 124/18			
3. University Anxiliary Services, Inc. (Golden Éagle Bldg 3	18-	512 8	ate 3/27/18	-		
4. Environmental Health & Safety (Corporate Yard Bldg. 2	(44) Permit 1	No. D	ate			

Buy
Green
Gr





csula\_fma



Fmacsula1@gmail.com

Thirsty? BOBA will be sold!

Wednesday Sept. 12, 2018

10:30am - 2:30pm

\$3 (Milk Tea / Thai Tea)

**Near CSULA Bookstore**