## Associated Students, Inc. Funding Request Form 2018-19

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

<b>SITURE</b>		Urganization	■ Event Fetter de //
Officer Name:		Club/Organization: Financial Mana	Event Estimates / Invoices gement Association
Officer Title:		Event Title: Financial Planning	
Address:		Date(s) of Event <u>.09/26/18</u>	Semester Select On
City/State/Zip:		Location of Event: Salazar Hall 163	
Phone & Email:		Expected Total Attendance:	60
Officer Signature		Expected Attendance of Cal State L	
Even	t Description a	and Total Cost Breakdown	
Briefly describe the event:		Is the event open to all Cal State LA	Students? Select One
FMA is hosting a financial plannii	FMA is hosting a financial planning workshop.		Cal State I A experience?
		Students will learn about final	ncial planning wealth
		accumulation, risk manageme	ent, investments and
		insurance topics.	
Hospitality			
		Honoraria Contracts	
Description	Amount	Description	Amount
Chick Fil' A sandwiches	\$203.40		
-		-	
Marketing		Other	
Description	Amount	Description	Amount
		Tax	\$19.32
Event Summa	ry	For Office Use Only • Do	Not Write Below
Total Cost of Event:	\$222.72	Important:	
Amount Requested from ASI:	\$222.72	(1) <u>All Funding Request Forms must be</u> <u>Friday, the week before the Funding</u>	turned in by 12 PM  Sub-Committee Meetings
Amount from other sources:		(2) Additionally, funding request forms	must be turned in no less
What other resources are you employ	ring for this event?	than10 business days (2 weeks) price (3) Deadline for Request for Payment of	or to the event.
None		15 days after the event.	Traichase Oluel (RPP) IS
		All forms must have a Time Stamp	and
		staff initial: 5 K	

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## ORGANIZATION REGISTRATION FORM



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

NAME OF ORGANIZATION	: Financial Management Association PHONE: PHONE: 08/27/18
EVENT CONTACT NAME:	EMAIL:
***************************************	al Planning Workshop with Dr. Suber LOCATION: Salazar Hall 163
EVENT DATE: 09/26/18	BEGIN TIME: 3:00 PM END TIME: 4:00 PM ESTIMATED ATTENDANCE: 60
TYPE OF ACTIVITY (THE UN PROCEEDS TO BENEFIT DANCE/PARTY OTHER:	IVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)    EDUCATIONAL PROGRAM
WILL YOUR EVENT INCLU	IDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)
SPORTS ACTIVITY OR BONFIRE AMPLIFIED SOUND PLEASE DESCRIBE THE EV	COMPETITION BEACH/FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL ANIMALS  /ENT BELOW (INCLUDE ALL ACTIVITIES):
	planning workshop for students to educate with financial planning, wealth accumulation, risk management,
HOW WILL YOU MARKET	THIS EVENT? (CHECK ALL THAT APPLY)
PRINTED POSTCARDS	PRINTED POSTERS/FLIERS SOCIAL MEDIA: https://www.instagram.com/cs
WHO WILL BE INVITED?	CHECK ALL THAT APPLY):
STUDENT ORG. MEMBE	ERS CAL STATE LA COMMUNITY OTHER COLLEGES & UNIV. CENERAL PUBLIC GUEST LIST
	general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a binter for Student Involvement.  NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.
	ADMISSION CHARGE, REGISTRATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION?  Tement regarding proceeds to benefit transactions on the back of this form)  W NO YES
WILL A MOVIE BE SHOWN	NO YES (If yes, please attach written proof of viewing rights.)
WILL THE EVENT HAVE S	ECURITY? V NO YES If yes, please explain
WILL FOOD BE SERVED	AT THE EVENT? NO V YES
IF YES, WHO WILL PRO	VIDE THE FOOD? UNIVERSITY CATERING VOTHER: 1700 E Colorado Blvd, Pasadena, CA 91106
A completed food pe	ermit is required for all on-campus events with food unless the food is provided by University Catering.
WILL ALCOHOL BE PRES	ENT 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 I	N A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? V NO YES Initials
If so, pleas	se affirm organization members and guests will not consume alcohol.  PLEASE UST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MED	VIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? VNO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
DOES THE STUDENT ORG	ANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? V NO YES
the University-Student Ur	dent organization events are not covered for liability of hthe including the personally that is the student organization officers or the advisor may be here personally that is the student organization would like to surance for a particular event, please contact CSI.
	Updated 08.13.08   Page 1 of 2

## 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: TREASURER:			SIGNATURE:	and Vary	DATE: 08/27/18  DATE: 08/27/18  EMPT STATUS: CSI VERIFICATION
U-SU STUDENT	ORGANIZATION ACC	COUNT #:		or APPROVED EXE	MPT STATUS: CSI VERIFICATION
EVENT GU	JIDELINES				
to comply wit	n any of the following		disciplinary action t	aken against the organiz	e followed completely. Failure ation including suspension of on Handbook.
CONDUCT:	The organization assun		duct of participants at the	e event. Any violation of Unive	rsity policy may subject the participants and/or
	alcoholic beverages r Beverages form in ad Approved alcohol co	equires authorization from th dition to this Event Registrati nsumption events and events xual Violence Prevention & R	e University. Your orga on Form. Please allow sheld where alcohol is	anization must complete an at least 3 weeks for this for available (but will not be co	is) that involves the consumption of d submit a Request to Serve Alcoholic rm to be reviewed by the University. onsumed) require at least two TiPS certified lance of the entire event. Additional
	marketing registered been registered. All p	events are required to be star	mped by CSI prior to t d for up to a period of	heir approved posting. Star fourteen (14) calendar days	All printed marketing to be used for mps can be obtained after the event has s. For student organizations, the "POSTING
		ire the use of general release tructions provided by CSI, inc			participation, your organization is required sted documents.
FOLLOW ALL	GUIDELINES SET FO	RTH BY THE UNIVERSITY. I A	CKNOWLEDGE THAT	THIS EVENT AND ANY ASS	Y ORGANIZATION IS SPONSORING WILL OCIATED EVENT SPACE RESERVATIONS
	DG OFFICER'S NAM	ON BASED ON MY ORGANIZA		JSE BLUE OR BLACK INK ONL	v) DATE: 08/27/18
ADVISOR'S	NAME		A-c		08/23/18
CENTER F CSI VERIFII ASSISTAN	OR STUDENT INV S THE ORG. IS RECO T DEAN OF STUDE	(NOWLEDGMEN OLVEMENT (U-SU 204) GNIZED BY THE UNIVERSITE ENTS: WELLNESS & ENG.	y SIG	NATURE:	Y ************************************
NOTIFIC	ATIONS:				
PUBLIC	AFFAIRS	DATE:	ATHU	IICS	DATE:
DEPT.	OF PUBLIC SAFETY	DATE:		LITIES USE COORDINATOR	DATE:
OTHE		DATE:		BUSINESS OFFICE	DATE:

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

Print Form

Clear Form

Date of Event: 09/26/2018	Estimated Attendance: 60
Name of Event: Financial Planning Workshop with Dr. Sube	r
Type of Event: General Meeting Location:	Salazar Hall 163
Sponsoring Organization: Financial Management Association	
Authorized Representative Phone:	
Time:	
Access Time: 3:00 pm a.m./p.m. to 4:00 pm a.m./p.m.	
Event Time: 3:00 pm a.m./p.m. to 4:00 pm a.m./p.m.	
Type of Food Service:	
Bake Sale Snacks Food Sale Car	(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food
Barbecue Potluck Other (describe below)	Facility Guidelines for further instructions
Describe Other:	
List <u>all</u> food and potentially hazardous food ( <i>see</i> Temporary Food Facility ingredients), use back of page if necessary. <u>Chick Fil' A sandwiches</u>	Guidelines for definition) items to be sold/served (include
Where will this food be prepared or purchased [Note no Home Baked/Cool 1700 East Colorado Blvd., Pasadena, CA 91106	ked Items are Allowed]? Chick Fil' A sandwiches
List all beverages to be sold/served: N/A	
Where will beverages be prepared or purchased? N/A	
Method/s of maintaining proper holding temperatures for potentially hazar N/A	dous food/s during transportation and service:
Agreement: For the privilege of selling foods and/or beverages on campus handling orientation (offered at the beginning of Fall and Spring quarters), Temporary Food Facility Guidelines governing food sales or service. Fails and/or beverage selling/serving privileges and possibly disciplinary action.	agrees to read, understand, and comply with the CSLA ure to comply with the rules may result in the loss of food
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the Sponsoring coverage from the Associated Students, Inc. (ASI) at least two weeks prior Student Organization's activity in its insurance policy. This Temporary Forproof of ASI insurance.	r to the event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Angelo Services for any food or beverage the sponsoring organization provide submitted at least 10 days prior to the activity for proper reviews and appropriate date.	es to the campus community. This permit should be
All signatures shall be obtained in the following order. Student organization	zations need all signatures; other organizations 1, 3 and 4 only
Pung I	
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
MARI	8/27/12
2. Center for Student Involvement (UU 204) (Student Organizations Only)	Date
( Martine My	8/27/18
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	Date
Riberman 18 ×18:	8/28/10
4 Environmental Health & Safety (Cornorate Vard RIda 244) Pe	armit No. Date



