ACTASSOCIATED Students, Inc. Funding Request Form

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

<u> 2010-13</u>		·····	Estimates / Food Permits
Contact		Organization	☐ Event Estimates / Invoices
Officer Name		Club/Organization: Association for	
Officer Title:		Event Title: ACM Coding Interv	
Address		Date(s) of Event. 10/18, 10/25, 11/1, 11/8, 11/1	
City/State/Zip		Location of Event: PE 120	Fall
Phone & Email:		Expected Total Attendance:	30
Officer Signature		Expected Attendance of Cal State	LAStudents:30
Event De	escription and	d Total Cost Breakdown	
Briefly describe the event:		Is the event open to all Cal State L	_A students?:_ Select-One _/
Students will go through mock coding intervie		How will this program enhance the	
commonly used for interviewing for Compute	r Science related	This will help students learn interviews go and get a feel	
positions			Tor What is expedied.
Hospitality	- 	Honoraria/Contracts	
-	I A I		A
Description Pizza + drinks	Amount \$171.21	Description	Amount
11224 - 4111110	Ψ171.21		
			•
	<u> </u>	0.1	
Marketing	A 1	Other	A
Description	Amount	Description	Amount
Event Summary	in Mail Spice	For Office Use Only • I	Do Not Write Below
Total Cost of Event:	\$171.21	Important:	
		(1) All Funding Request Forms mus	
Amount Requested from ASI:	\$171.21	Friday, the week before the Fundamental (2) Additionally, funding request form	
Amount from other sources:	\$0.00	than10 business days (2 weeks)	prior to the event.
What other resources are you employing	for this event?	(3) Deadline for Request for Payme 15 days after the event.	nt or Purchase Order (RPP) is
·		All forms must have a Time Stan	nn and
		staff initial:	ip allu
		19 9 P	28 arii:22:00
		LN	,
		· · · · · · · · · · · · · · · · · · ·	

Necessary Documents:

Event Flyer w/ ASI Logo

CSI Event Reg. Form

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LOGATION & TIME

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ASSOCIATED STUDENTS, INC.
THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.

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: ASSOCIATION for computing Machinaly PHONE: DATE: 10/11 10/	48
EVENT CONTACT NAME: EMAIL:	
NAME OF EVENT: ACM COOING INTERVIEWS LOCATION: P-120	
EVENT DATE: 10/14 19/18 BEGIN TIME: 6.00 pm END TIME: 8.00 pm ESTIMATED ATTENDANCE: 30	
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)	
PROCEEDS TO BENEFIT DEDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM	
DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION	
OTHER: SPEAKER/PANEL	
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)	
SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL	
BONFIRE INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL	
AMPLIFIED SOUND ANIMALS	
PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):	
someone will be asked a question or told a situation and be told	
to code on the spot.	
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)	
PRINTED POSTCARDS PRINTED POSTERS/FLIERS V SOCIAL MEDIA:	
WHO WILL BE INVITED? (CHECK ALL THAT APPLY):	***************************************
▼STUDENT ORG. MEMBERS VCAL STATE LA COMMUNITY OTHER COLLEGES & UNIV. VGENERAL PUBLIC GUEST LI	IST
Events intended for the general Cal State LA campus will be listed in the Student organization Calendar of Events distributed in a bi-	27.9.300
weekly email by the Center for Student Involvement. VNO, 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? YES (If yes, please attach written proof of viewing rights.)	
WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain	
WILL FOOD BE SERVED AT THE EVENT? V NO YES	
IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: Shares	
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.)	www.cs.vs.2
WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? VNO YES Initials	
If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAC	
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? VNO WILL BE INVITED ON PAGE 2	
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? MO YES	•
Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like purchase Special Event Insurance for a particular event, please contact CSI.	
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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.

				2951P)	
PRESIDENT:			SIGNAT		DATE: 9/28/18 DATE: 9/77/18
	T ORGANIZATION ACC	COUNT #:	Sidival	and the second s	MPT STATUS: CSI VERIFICATION
	UIDELINES	ded for the benefit of the	e student orga	nization. They are intended to b	e followed completely Failure
to comply w	ith any of the following	ng guidelines may result	in disciplinary	action taken against the organiz online in the Student Organization	ation including suspension of
CONDUCT:	-	nes full responsibility for the co ciplinary action by the Center f			rsity policy may subject the participants and/or
ALCOHOL:	alcoholic beverages r Beverages form in ad Approved alcohol co	equires authorization from a dition to this Event Registra nsumption events and even xual Violence Prevention &	the University. \ ation Form. Plea ats held where a	our organization must complete an se allow at least 3 weeks for this for lcohol is available (but will not be c	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
PUBLICITY:	marketing registered been registered. All p	events are required to be st	tamped by CSI p ted for up to a p	prior to their approved posting. Sta period of 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
GENERAL RELEASE:				to organization member and guest ing all completed forms and reque	participation, your organization is required sted documents.
FOLLOW AL	L GUIDELINES SET FO		ACKNOWLEDG	E THAT THIS EVENT AND ANY ASS	Y ORGANIZATION IS SPONSORING WILL SOCIATED EVENT SPACE RESERVATIONS
	ORG OFFICER'S NAM			PLEASE USE BLUE OR BLACK INK ONL	Y) DATE:
			PE	al)	09/27/18
ADVISORS	NAME		19		
		***************************************	[2]	les	8 / 27 / 18
CENTER	FOR STUDENT INV	OLVEMENT (U-SU 204)		R OFFICE USE ONL' SIGNATURE:	Y ************************************
	IES THE ORG. IS RECO		TY		1 20 , 0
		ENTS: WELLNESS & EN			· · · · · · · · · · · · · · · · · · ·
		D FOR ALL PARTICIPAN	II S ? ∐NO	YES DATE REQUIRED:	
NOTIFIC	CATIONS:	•			
PUBL	LIC AFFAIRS	DATE:		ATHLETICS	DATE:
DEPT	T. OF PUBLIC SAFETY	DATE:		FACILITIES USE COORDINATOR	DATE:
Потн	ER:	DATE:		U-SU BUSINESS 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

Print Form Cle

Clear Form

Date of Event: $\frac{0}{1} = \frac{0}{1} =$	1/8 1/1/5 Estimated Attendance: 30
Name of Event: ACM Coding Interviews	
¥ (ocation: P-120-outside
	mputing Mulhimm
	hone: Tax: N/A
Time:	Costco: 2207 W. Commonwealth Au
Access Time: 6:00 a.m./pm to 6:00 a.m.	1/g.m. Alhambra, (A 9/80]-1707
	1./p(m) Shorres: 5151 State University D.
Type of Food Service:	Los Angeles, CA 90032
Bake Sale Snacks Food Sale	Catering (Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)
Barbecue Potluck Other (describe	below)
Describe Other:	
List <u>all</u> food and potentially hazardous food (see Temporary Food lingredients), use back of page if necessary. Spans pr	
ingredients), use back or page it necessary.	
Where will this food be prepared or purchased [Note no Home Bak	ked/Cooked Items are Allowed]? Cal Stake LA
List all beverages to be sold/served:	
Where will beverages be prepared or purchased?(05+co	
Method/s of maintaining proper holding temperatures for potential OVV Prior to EVRAT START TIME.	ly hazardous food/s during transportation and service: braught
Agreement: For the privilege of selling foods and/or beverages on handling orientation (offered at the beginning of Fall and Spring quality Temporary Food Facility Guidelines governing food sales or service and/or beverage selling/serving privileges and possibly disciplinary.	uarters), agrees to read, understand, and comply with the CSLA ce. Failure to comply with the rules may result in the loss of food
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the Sp coverage from the Associated Students, Inc. (ASI) at least two wee Student Organization's activity in its insurance policy. This Temp proof of ASI insurance.	eks prior to the event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Services for any food or beverage the sponsoring organization submitted at least 10 days prior to the activity for proper reviews a event date.	s Angeles, University-Student Union, or University Auxiliary provides to the campus community. This permit should be and approvals; otherwise there is no guarantee of completion by the
All signatures shall be obtained in the following order. Student	t organizations need <u>all</u> signatures; other organizations 1, 3 and 4 only.
David San	
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
Mal	9/21/16
2. Center for Student Involvement (UU 204) (Student Organization	ons Only) Date
	9/2-8/18
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	18-675 Pate 9/28/18
Jan Thomas	18-675 9/28/18
4 Environmental Health & Safety (Cornorate Yard Rldg 244)	Permit No. Date

Name	Place	Address	Cost	Amount	CRV (0.05/bottle)	Subtotal	Picture
24 Water Bottle Pack Meetings	Water	2207 W COMMONWEALTH	\$3.40	2	\$2.40	\$9.20	3,39
Sbarros X2 Pizzas	Sbarros	5151 State University Dr	\$22.00	1		\$22.00	HUGE HUGE 144 122
					Tax	\$3.04	
					Sub Total	\$34.24	
					Meetings	5	
			-		Total	\$171.21	