

ASI 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
- Event Estimates / Invoices

Contact	Organization
Officer Name: _____	Club/Organization: <u>HermanOs UnidOs</u>
Officer Title: _____	Event Title: <u>Tamales Fundraiser</u>
Address: _____	Date(s) of Event: <u>11-14-18</u> Semester: <u>Select One</u>
City/State/Zip: _____	Location of Event: <u>Front of Bookstore</u>
Phone & Email: _____	Expected Total Attendance: <u>50+</u>
Officer Signature: _____	Expected Attendance of Cal State LA Students: <u>50+</u>

Event Description and Total Cost Breakdown

<p>Briefly describe the event:</p> <p><u>We will be selling tamales to anyone on campus</u></p>	<p>Is the event open to all Cal State LA students?: <u>Select One</u></p> <p>How will this program enhance the Cal State LA experience?:</p> <p><u>We will be providing food to students who are on a budget.</u></p>
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Hospitality	
Description	Amount
<u>Tamales</u>	<u>\$200.00</u>

Honoraria/Contracts	
Description	Amount

Marketing	
Description	Amount

Other	
Description	Amount

Event Summary For Office Use Only • Do Not Write Below

Total Cost of Event:	<u>\$200.00</u>
Amount Requested from ASI:	<u>\$200.00</u>
Amount from other sources:	

What other resources are you employing for this event?

- Important:**
- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-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: **SK** 18 OCT 26 AM 11:12:08

LN



Herencia's Los Tamales Fundraiser

Nov. 14, 2018

10am-1pm

Front of the Bookstore

RECEIVED OCT 26 2018

@ 11:10am
EM



CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY
STUDENT UNION

EXTERNAL SPACE REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive, Rm # 107
Los Angeles, CA 90032-8636
Phone: (323) 343-2450 Fax (323) 343-2454

Requestor Information

Name of Sponsoring club/organization: Hermon OS Unidos
Reservation Contact Name: [Redacted]
Phone number: [Redacted]
Email: [Redacted]

Event Contact: [Redacted]
Phone Number: [Redacted]
Email: [Redacted]

Faculty/Staff Advisor Name: [Redacted] Email: [Redacted]

*The Reservation Contact must be listed on the Student Organization Officer Information Form as registered by the Center for Student Involvement and their signature is required on the subsequent reservation confirmation form.
** The Event Contact does not have to be listed on the Student Organization Officer Information Form. The Event Contact will be able to check in, revise, and sign for the Reservation Confirmation once it has already been signed by the Reservation Contact, but will be unable to add or change the Event Contact.

Event Information

Date	Start Time	AM		PM		End Time	AM		PM	
11/14/2018	10:00am	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred Location: 1st choice: Front of bookstore 2nd choice: Any

Initial GL I understand the U-SU does NOT provide equipment (e.g. tables, canopies and chairs) to locations outside of the U-SU Plaza and U-SU Walkway.

Purpose for tabling is to provide: General Information Food Sale/Distribution** Fundraiser**

If food will be distributed and/or sold, please describe: Tamales Chamourado

**A Temporary Food Permit & Event Registration Form will be required if food will be sold or distributed during regular information tabling or for fundraising.

Decorations or banners/signs/letters will be displayed: Yes No If so, specify what type: [Redacted]

Will there be amplified sound of any kind? Yes No **An approved amplified sound permit and event registration form will be required.

Requestor's Signature: [Signature] Date: 10/26/18

For Office Use Only:

Confirmation by the Administration and Finance Office

Initials: _____ Date: _____

Area(s) Requested	Day(s)	Time(s)

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



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: HermanOs Unidos PHONE: [REDACTED] DATE: 10/23/18
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: Tamales Sale LOCATION: front of the usu
 EVENT DATE: 11/11/2018 BEGIN TIME: 10:00am END TIME: 2:00pm ESTIMATED ATTENDANCE: 50+

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

PROCEEDS TO BENEFIT EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM
 DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION
 OTHER: [REDACTED] 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):
 We will be selling Tamales and champurado to anyone at csula

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: Instagram
INCLUDE SITE & HANDLE @Hudecsla OTHER: [REDACTED]

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 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 RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION?
 (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) NO YES

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 [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? NO YES
 IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: Northgate Market
12515 Sate St, Los Angeles

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 [REDACTED]
 If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

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 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.

tamales would be sold for 2.50 and champurado for \$2.00

PRESIDENT	[REDACTED]	SIGNATURE:	[Signature]	DATE:	10/23/18
TREASURER	[REDACTED]	SIGNATURE:	[Signature]	DATE:	10/23/18
U-SU STUDENT ORGANIZATION ACCOUNT		[REDACTED]	or	<input type="checkbox"/> APPROVED EXEMPT STATUS: CSI VERIFICATION <input type="checkbox"/>	

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. More information can be found online in the Student Organization Handbook.

- 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 Student Conduct.
- ALCOHOL:** In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TIPS certified members and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU ____" stamp must be clearly visible on the face of the posting.
- GENERAL RELEASE:** If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

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. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME	[REDACTED]	SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)	[Signature]	DATE:	10/23/18
ADVISOR'S NAME	[REDACTED]	[Signature]	[Signature]	DATE:	10/23/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 10-26-18

CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

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

NOTIFICATIONS:

<input type="checkbox"/> PUBLIC AFFAIRS	DATE: _____	<input type="checkbox"/> ATHLETICS	DATE: _____
<input type="checkbox"/> DEPT. OF PUBLIC SAFETY	DATE: _____	<input type="checkbox"/> FACILITIES USE COORDINATOR	DATE: _____
<input type="checkbox"/> OTHER: _____	DATE: _____	<input type="checkbox"/> 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

Clear Form

Date of Event: 11-24-18 Estimated Attendance: 50+

Name of Event: Tamales Fundraiser

Type of Event: Fundraiser Location: Front of the bookstore

Sponsoring Organization: HermanOs UnidOs

Authorized Representative: [Redacted] Phone: [Redacted]

Time: Northgate Market
475 S Soto St, Los Angeles 90033

Access Time: 10:00 a.m./p.m. to 11:00 a.m./p.m.

Event Time: 11:00 a.m./p.m. to 1:00pm a.m./p.m.

Type of Food Service:

- Bake Sale
- Snacks
- Food Sale
- Catering
- Barbecue
- Potluck
- Other (describe below)

(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.)

Describe Other: _____

List all food and potentially hazardous food (see Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. Tamales and champurado

Northgate Market 475 S Soto St Los Angeles

Where will this food be prepared or purchased [Note no Home Baked/Cooked Items are Allowed]? food will be prepared at
NORTHGATE

List all beverages to be sold/served: champurado

Where will beverages be prepared or purchased? on site

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: _____
trays and jars

Agreement: For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

Insurance: (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations 1, 3 and 4 only.

[Signature]
1. Signature of Sponsoring Organization Chairperson

[Redacted]
Authorized Representative to be present at event

[Signature]
2. Center for Student Involvement (UU 204) (Student Organizations Only)

10/24/18

Date

[Signature]
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)

10/24/18

Date

[Signature]
4. Environmental Health & Safety (Corporate Yard Bldg. 244)

18-847
Permit No.

10/25/18

Date

Date 10/25/2018

M North Gate Market

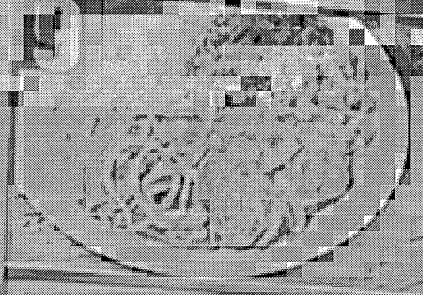
Address 425 S Solis St, Los Angeles

Reg. No.	Clerk	Account Forward		
1	Tamales	200	\$149	349
2				
3				
4	Total: \$ 298.67			
5				
6				
7	<i>[Signature]</i>			
8				
9				
10				
11				
12				
13				
14				
15				

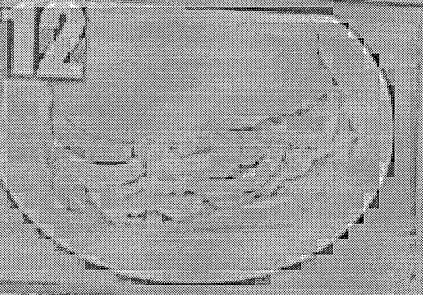
A-1200/0510/0530
T-45202/46202/46203

Your Account Stated to Date - If Error is Found, Return at Once

DESAYUNOS Y TACOS Breakfast & Tacos



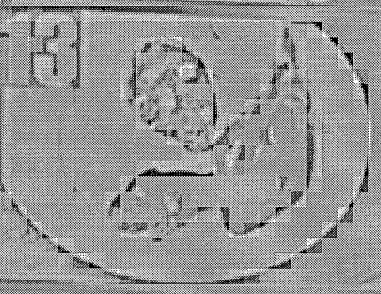
CHILAQUILES \$5.99



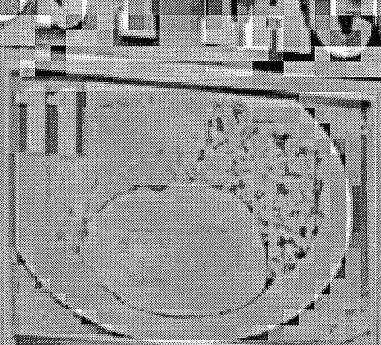
TORTA DE JAMON \$5.99



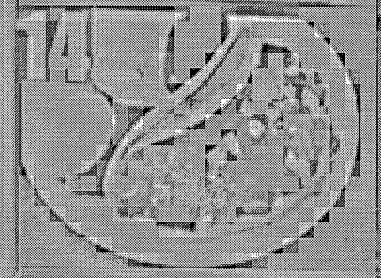
BURRITO DE HUEVO \$3.99



BURRITO \$4.99



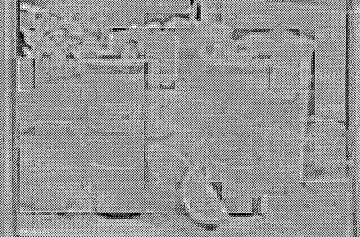
HUEVOS AL GUSTO \$4.99



TACO \$1.99



TAMALES \$1.99
CHAMFERADO \$1.99



AGUAS FRESCAS \$1.99