

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

Officer Name: _____
 Officer Title: _____
 Address: _____
 City/State/Zip: _____
 Phone & Email: _____
 Officer Signature: _____

Organization

Club/Organization: NSSLHA
 Event Title: Voices of our clients: a discussion
 Date(s) of Event: 12/3/2018 Semester Fall
 Location of Event: USU Theater at Student Union
 Expected Total Attendance: _____
 Expected Attendance of Cal State LA Students: 100

Event Description and Total Cost Breakdown

Briefly describe the event:
 CSULA ComD students will present their rereach projects. This event will have various speakers from the field of speech-language pathology as well. It will help attendees gain insights about the latest findings in the field presented by both students and professionals who work in the field.

Is the event open to all Cal State LA students?: **Select One...**
 How will this program enhance the Cal State LA experience?:
 This event is open to NSSLHA at CSULA members, who are essentially Communication Disorder and Audiology major. It will help them gain insights about graduate school and the career opportunities.

Hospitality

Description	Amount
107 Sweatshirts from Custom Ink	\$2,018.11
Price per sweatshirt \$18.87	
University Catering - Pizza	\$237.01

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount

Event Summary

For Office Use Only • Do Not Write Below

Total Cost of Event: 0
 Amount Requested from ASI: \$2,255.12
 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**

LN

'18 NOV 5 PM 5:32:56

Date: December 3, 2018

Voices of our clients: a night to discover our clients' challenges

Time: 7:30 p.m. - 9:00 p.m. * check-in starts @7:00 p.m.

Location: USU in the university student Union

CSULA
NATIONAL
STUDENT
SPEECH
ASSOCIATION
LANGUAGE
HEARING
NSSLHA

Website: csulansslha.weebly.com

 <https://www.facebook.com/csulansslha>

 https://www.instagram.com/csula_nsslha/

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

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: National Student Speech Language Hearing Association PHONE: [REDACTED] DATE: 9/24/13
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: NSSLHA Presentation LOCATION: DSU Theatre
 EVENT DATE: 10/3/2013 BEGIN TIME: 9 pm END TIME: 9 pm ESTIMATED ATTENDANCE: 30-100

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):

A presentation on information regarding speech, language, and hearing disorders as well as volunteer and networking opportunities within the communication disorders department.

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

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: facebook.com/csulansslha 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: [REDACTED]

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] PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.

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. 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 and advisors may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSU.

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

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.**

N/A

PRESIDENT: _____ SIGNATURE: _____ DATE: _____
 TREASURER: _____ SIGNATURE: _____ DATE: _____
 U-SU STUDENT ORGANIZATION ACCOUNT #: _____ or APPROVED EXEMPT STATUS: CSI VERIFICATION

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 _____ SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) _____ DATE: 9/24/18
 ADVISOR'S NAME _____ SIGNATURE _____ DATE: 9/24/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) _____ SIGNATURE: _____ DATE: 9.28.18
 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:

PUBLIC AFFAIRS DATE: _____ ATHLETICS DATE: _____
 DEPT. OF PUBLIC SAFETY DATE: _____ FACILITIES USE COORDINATOR DATE: _____
 OTHER: _____ DATE: _____ U-SU BUSINESS OFFICE DATE: _____

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

Needs to provide copy of flyer before to be stamped before posting.



Golden Eagle Hospitality

for: Event # E34749
on: Monday, December 03, 2018

Client/Organization Nsslha	Event Date 12/3/2018 (Mon)	Booking Contact [REDACTED]	Event # E34749
Address 5151 State University Drive		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED] Guests 100 (Act)
Party Name Nsslha	Sales Rep Amanda Tapia	Theme	Category

Venue

Description	Type	Start 6:40 pm	End 6:50 pm	Banquet Room Student Union	Setup Style Delivery
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Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to Outside-USU Theater for 6:50pm			
(100) Disposables	Each	0.35	35.00
(7) Pepperoni Pizza (Slice of 12)	Each	10.00	70.00
(4) Cheese Pizza (Slice of 12)	Each	10.00	40.00
(4) Vegetarian Pizza (only 2 types veggies-chef's choice) (Slice of 12)	Each	10.00	40.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	185.00	0.00	0.00	0.00	0.00	0.00	0.00	185.00
Service Charge	31.45	0.00	0.00	0.00	0.00	0.00	0.00	31.45
Taxes	20.56	0.00	0.00	0.00	0.00	0.00	0.00	20.56
Total	237.01	0.00	0.00	0.00	0.00	0.00	0.00	237.01

Subtotal	185.00	Paid	0.00
Tax	20.56	Balance	237.01
Service Charge	31.45		
Total Value	237.01		

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 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

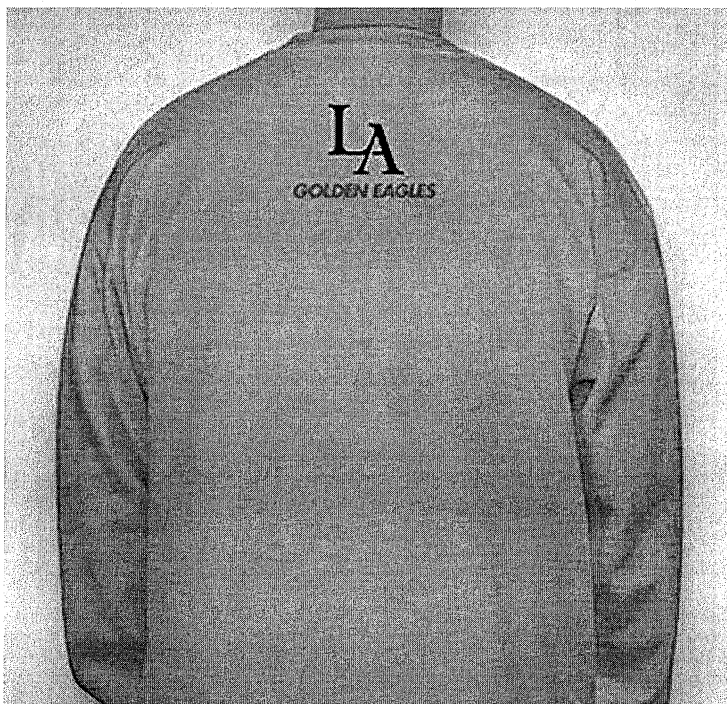
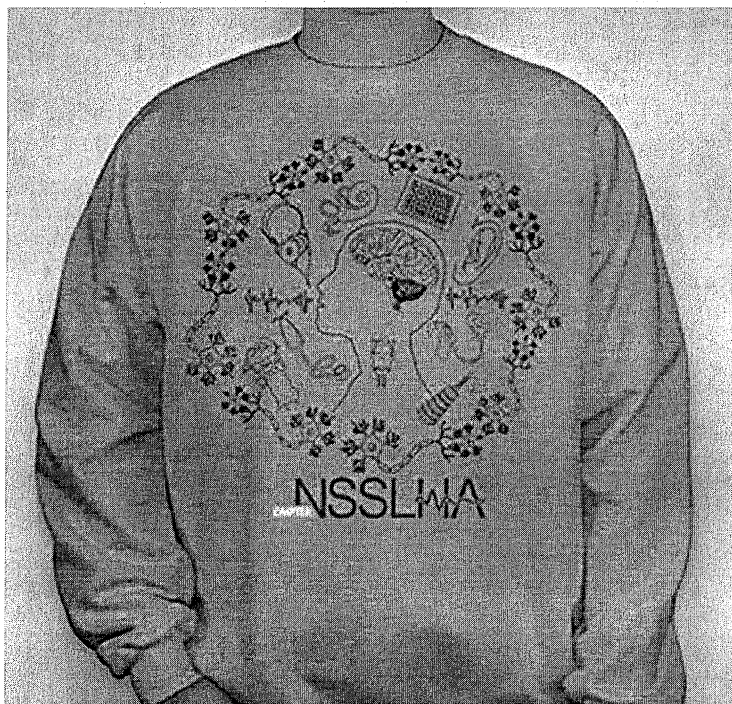
Account # _____

Authorized Signature & Date: _____
(Please sign & date all pages)



TALK TO A REAL PERSON
800-293-4232

PRINTED PROOF

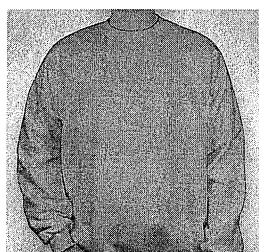


Decoration: Screen Printing: 4 Color Front, 2 Color Back

All-Inclusive Price: \$18.87 each | \$2,018.11 total at quantities below

Delivery Time: Free 2-week delivery to 90032. (For 1-week rush, add 10%.)

Hanes Ultimate Heavyweight Crewneck Sweatshirt



Color: Light Steel

Total: 107

Adult Sizes

S	M	L	XL	2XL	3XL
48	48	5	2	2	2



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