

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: [Signature]

Organization

Club/Organization: HermanOs UnidOs
 Event Title: Pupusas Fundraiser
 Date(s) of Event: 2/14/19 d.5 Semester Select One...
 Location of Event: CSULA Front of bookstore
 Expected Total Attendance: _____ 50+
 Expected Attendance of Cal State LA Students: _____ 50+

Event Description and Total Cost Breakdown

Briefly describe the event:
 we will be selling pupusas to any hungry cal state la student or faculty.

Is the event open to all Cal State LA students?: Select One...
 How will this program enhance the Cal State LA experience?:
Feed students who are in a low budget

Hospitality

Description	Amount
pupusas	\$200.00

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount

Event Summary

Total Cost of Event: \$200.00
 Amount Requested from ASI: \$200.00
 Amount from other sources: \$0.00
 What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

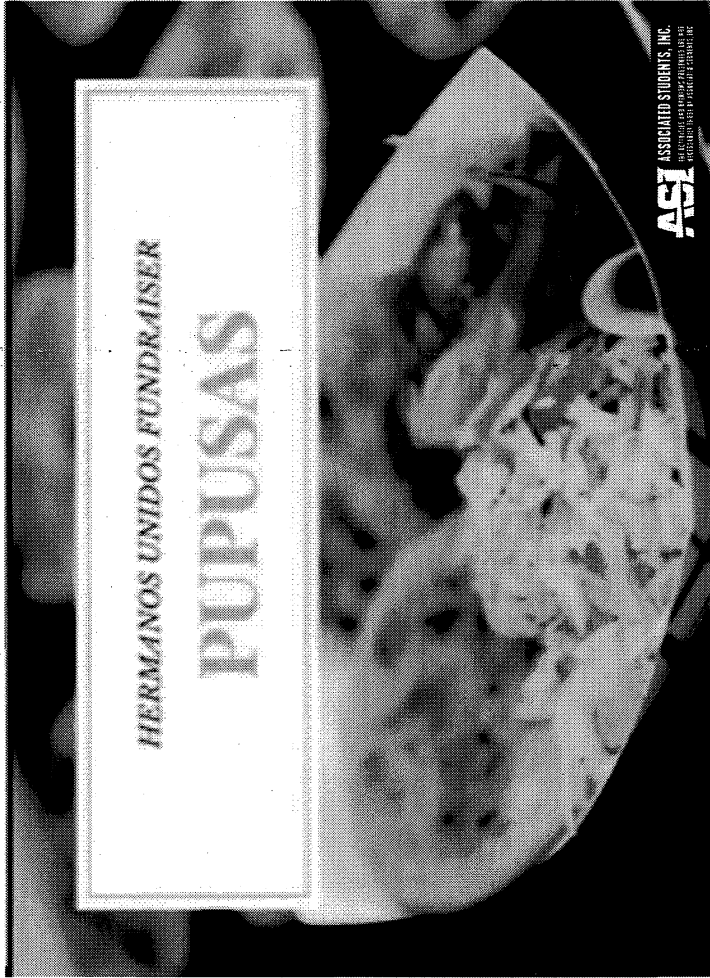
- Important:**
- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
 - (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
 - (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

What other resources are you employing for this event?

All forms must have a Time Stamp and staff initial: DS
LN
 13 JAN 25 PM 12:21:51

HERMANOS UNIDOS FUNDRAISER

PUPUSAS



ASU ASSOCIATED STUDENTS, INC.
IN COLLABORATION WITH THE UNIVERSITY OF ARIZONA
FUNDRAISER FOR THE FUTURE

\$2.50 EACH, AGUAS FRESCAS \$ 2.00 | Every Thursday of February



@ 12:02 pm
 CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY
STUDENT UNION

RECEIVED JAN 25 2019

**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: [redacted]
 Reservation Contact Name*: [redacted] Event Contact**: [redacted]
 Phone number: [redacted] Phone Number: [redacted]
 Email: [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 checkin, 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
2/7/2019	12:30pm	<input type="checkbox"/>	<input type="checkbox"/>	3:00pm	<input type="checkbox"/>	<input type="checkbox"/>
2/14/2019	12:30pm	<input type="checkbox"/>	<input type="checkbox"/>	3:00pm	<input type="checkbox"/>	<input type="checkbox"/>
2/21/2019	12:30pm	<input type="checkbox"/>	<input type="checkbox"/>	3:00pm	<input type="checkbox"/>	<input type="checkbox"/>
2/28/2019	12:30pm	<input type="checkbox"/>	<input type="checkbox"/>	3:00pm	<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"/>

Preferred Location: 1st choice: 2nd choice:

Initial G.C. 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:

**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:

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: Date: 1/20/19

For Office Use Only:

Confirmation by the Administration and Finance Office Initials: _____ Date: _____

COMPLETED



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: HermanOs Unidos PHONE: [REDACTED] DATE: 9/17/2018

EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]

NAME OF EVENT: Pupusas LOCATION: CSULA front of bookstore

EVENT DATE: 2/7, 2/14, 2/21, 2/28 BEGIN TIME: 12:30pm END TIME: 3:00pm 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 pupusas and aguas Frescas to the CSULA community

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

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: INSTAGRAM @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: 6706 Normandie Ave. LA CA 90044

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 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.

RECEIVED
JAN 25 2019

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.**

Pupusas \$2.50 and aguas frescas for \$1.50

PRESIDENT: _____ SIGNATURE: _____ DATE: 1/16/2019
 TREASURER: _____ SIGNATURE: _____ DATE: 1/16/2019
 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: 1/16/2019
 ADVISOR'S NAME _____ SIGNATURE _____ DATE: 1/16/2019

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: _____ DATE: 1/25/19
 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)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 2/17/19, 2/14/19, 2/21/19, 2/28/19 Estimated Attendance: 50+

Name of Event: Pupusas fundraiser

Type of Event: fundraiser Location: CSULA Front of bookstore

Sponsoring Organization: Hermanos Undios

Authorized Representative: [Redacted] Phone: [Redacted] Fax: _____

Time: _____

Access Time: 10:30 am a.m./p.m. to 11:54 am a.m./p.m. El Gvandquito

Event Time: 12:00 pm a.m./p.m. to 2:00 pm a.m./p.m. 6706 Normandie Ave

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. pupusas and aguas frescas

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

List all beverages to be sold/served: Aguas Frescas such as horchata and jamica

Where will beverages be prepared or purchased? on site Purchased

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: water 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.

1. Signature of Sponsoring Organization Chairperson [Signature] Authorized Representative to be present at event [Redacted]

2. Center for Student Involvement (UU 204) (Student Organizations Only) [Signature] Date 1-10-19

3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314) [Signature] Date 1/24/19

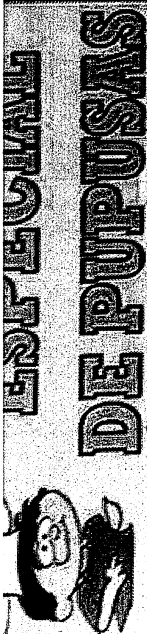
4. Environmental Health & Safety (Corporate Yard Bldg. 244) [Signature] Permit No. A-039 Date Y25/2019

Date 1/14/19

M. El Guonaguito

Address 6706 Normandie AVE

Reg. No.	Clerk	Account Forward		
1	PUPUSAS de	110	\$11.10	\$12
2	FyQ	67	\$11.05	\$7
3				
4	TRAYS	13	\$2.20	\$10
5				
6	T: \$200.68			
7				
8				
9				
10				
11				
12				
13				
14	3386 = 7			
15				



ESPECIAL DEL SABADO

DE PUPUSAS



LUNES, MARTES Y MIERCOLES

99¢
+ TAX

Solo Revueltas y Queso con frijoles

ESPECIALES DEL JUEVES

POLLO EN CEBOLLIADO
FAJITAS DE POLLO \$7.50
FAJITAS DE RES + TAX

ESPECIALES DEL VIERNES

SOPA DE PATA \$8.00
SOPA DE RES + TAX
MOJARRA FRITA

ATOL DE EIOTE
ATOL DE PIÑA

ESPECIAL DEL SABADO

COSTILLA DE PUERCO \$17.50
O CHULETA FRITA
(CON ARROZ, FRIJOLES Y TORTILLAS)
DESAYUNO TIPICO \$4.00
SALVADORENO

ESPECIALES DEL DOMINGO

PUPUSAS REVUELTAS DE (5) O MAS PARA LLEVAR \$11.50 + TAX



DESAYUNO ESPECIAL
Guanakito #7
2 Huevos Al Gusto
2 Chorizos \$11.00
Casamiento + TAX
Crema y Queso
Tortillas
Hechas a Mano

PIRATO ESPECIAL
Guanakito #2
Carne Pollo Chorizos
Camarones Casamiento
Ensalada Tortillas
Hechas a Mano \$16.00 + TAX

PIRATO TIPICO
Guanakito #3
2 Pastelitos \$15.00
2 Empanadas
1 Tortilla de Elote
1 Vaso de Frijol + Pupusa + TAX

PUPUSAS Y VARIACIONES

QUESO
ESPINACA
CALABAZA
CHICHARRO
QUESO Y JORQUE



Li Ba Pi Pa Abie
Atol
TC
ES
Atel