

ASI Associated Students, Inc.

Funding Request Form

2018-19

"...For the Students, by the Students!"

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: Eddie Deegan

Organization

Club/Organization: Student Academy of Audiology at Cal St.

Event Title: SAA Fundraiser

Date(s) of Event: 02/26/2019 Semester Select One... Fall

Location of Event: Library North-Main Walkway 3

Expected Total Attendance: _____ 100

Expected Attendance of Cal State LA Students: _____ 100

Event Description and Total Cost Breakdown

Briefly describe the event:

A fundraising Event to raise money for charity walk at the end of the semester. (Long Beach Walk 4 Hearing). Proceeds will be acquired by selling baked goods from Porto's Bakery and all proceeds will be directly used for Charity Walk on June 8, 2019

Is the event open to all Cal State LA students?: Select One...

How will this program enhance the Cal State LA experience?:

We want to bring awareness regarding those struggling with hearing health and the related careers associated with hearing health.

Hospitality

Description	Amount

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount
Porto's Fundraising Event	136.68

Event Summary

Total Cost of Event: \$0.00

Amount Requested from ASI: 136.68

Amount from other sources: _____

What other resources are you employing for this event?

We will be using volunteers from our organization to help with the set up and sale of food items. A 20% discount was given on behalf of Porto's to Benefit Student Academy of Audiology.

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.

All forms must have a Time Stamp and staff initial:

\$K
LN

19 FEB 15 PM 12:17:59



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

EXTERNAL SPACE REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5151 State University Drive,
Los Angeles, CA 90032-8778
Phone: (323) 343-3509 Email: FacilitiesUse@calstatela.edu

Requestor Information

Name of Sponsoring club/organization: Student Academy of Audiology (SAA)
 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 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		End Time	AM		PM
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
02/26/19	10:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
		<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"/>	
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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"/>	

Preferred Location: 1st choice: Library north - main walkway 3 2nd choice: Library north - main walkway 2

Initials: LS 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: Porto's potato balls, cheese rolls & guava rolls

**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: Lisa Gray Date: 02/07/19

For Office Use Only:

Confirmation by the Administration and Finance Office	Initials: <u>KA</u>	Date: <u>2/22/19</u>
<u>Library North #3</u>	<u>2/26/19</u>	<u>10:00 - 3:00 pm</u>

Submit a copy of this form to the Office of the Vice President for Administration and Finance, Fax # 323.343.6406. A confirmation fax will be sent by the VPAF office to Information & Event Services.

Library North

1

Library North-Main Walkway

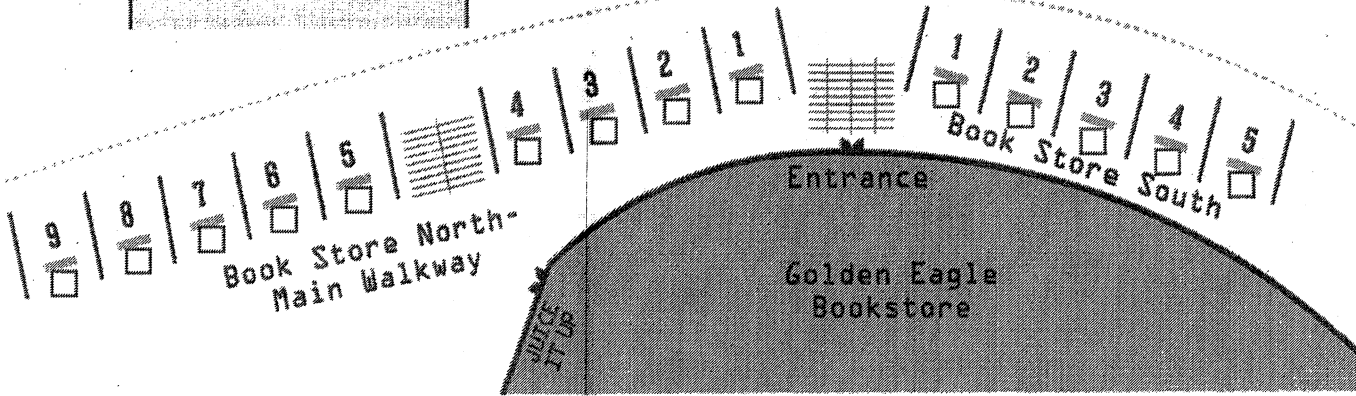
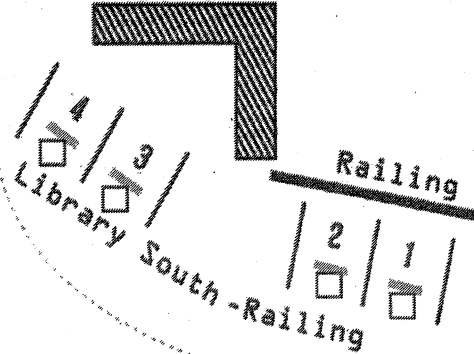
2



Specific Spot for event request

Main Walkway Spaces

Sitting Area



Reservation Agreement

LL I understand ~~initialing this agreement gives me~~ the responsibility to pass this information to either the main contact or the event contact of this event.

Name: [REDACTED]

LL I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an automatic cancellation.

LL I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

LL I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

LL I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

LL I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

LL I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.

STUDENT ORGANIZATION **COPY COMP** EVENT REGISTRATION FORM

original copy
 missing
 -CSI took a
 long time
 looking; club
 waited for
 ~2hr

This form must be completed 10 business days prior to the event date. Reservations for on campus events w/ has been completed. No publicity may be distributed or posted online until this form has been submitted reservation confirmation process has been completed for on campus events. **Signatures must be completed**

NAME OF ORGANIZATION: Student Academy of Audiology PHONE: [REDACTED]
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: SAA Fundraiser LOCATION: main
 EVENT DATE: 2/26/19 BEGIN TIME: 10 am END TIME: 2 pm ESTIMATED ATTE

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

PROCEEDS TO BENEFIT EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREA
 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):

Fundraising for charity walk at the end of the semester, proceeds will be acquired by selling baked goods from Porto's Bakery.

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

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: [REDACTED] OTHER: word of mouth

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: Porto's Bakery & Cafe

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

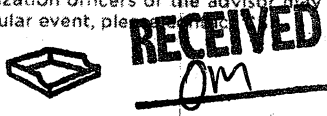
WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

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



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.

We will be selling potato balls for \$2 each, and \$2 each for a guava pastry or cheese roll.

PRESIDENT: [Redacted] SIGNATURE: *[Signature]* DATE: *2/17/19*
 TREASURER: [Redacted] SIGNATURE: *[Signature]* DATE: *2/17/19*
 U-SU STUDENT ORGANIZATION ACCOUNT #: [Redacted] or APPROVED EXEMPT STATUS: CSI VERIFICATION

Still in review

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: *2/17/19*
 ADVISOR'S NAME: [Redacted] SIGNATURE: *[Signature]* DATE: *02/07/19*

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: *2/15/19*
 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)

** ORIGINAL COPY IS MISSING -*

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 2/26/19 Estimated Attendance: 50

Name of Event: SAA Fundraiser

Type of Event: Fundraiser Location: main walkway

Sponsoring Organization: Student Academy of Audiology

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

Time: Access Time: 10 a.m./p.m. to 3 a.m./p.m.
Event Time: 10 a.m./p.m. to 3 a.m./p.m.

4842, Firestone Blvd
Portos Downey, CA 90241

- Type of Food Service:
- | | | | |
|---|----------------------------------|---|-----------------------------------|
| <input checked="" type="checkbox"/> Bake Sale | <input type="checkbox"/> Snacks | <input type="checkbox"/> Food Sale | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Barbecue | <input type="checkbox"/> Potluck | <input type="checkbox"/> 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. potato balls & guava cheese pastries & cheese rolls

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

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 hazardous food/s during transportation and service: N/A

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): _____
Date: 2-7-19

3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314): [Signature]
Date: 2/7/19

4. Environmental Health & Safety (Corporate Yard Bldg. 244): [Signature]
Permit No.: 19-131
Date: 2/7/19

Student Academy of Audiology Fundraiser




**Come get some delicious Porto's
pastries and potato balls!**

Support your local SAA chapter!

Proceeds will benefit Hearing Loss Association of America's Walk4Hearing

Tuesday, February 26th 10:30 a.m. – 3:00 p.m.

Find us near the library across from the bookstore

**Student Academy of
Audiology** 

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

Porto's Fundraiser-SAA

Total food purchased 136.7

70 Potato Ball

50 Strudel

50 Cheese Roll

Total food sold(projected) 275.5

Total Profit 137.7

Porto's Bakery & Café

Phone: 562.862.8888

Fax:

Web: www.portosbakery.com

Porto's Bakery & Café
8233 Firestone Blvd.
Mon-Sat 7am-8:30pm, Sun 7am-6pm
Downey CA 90241

Order Number: 868654
Date of Order: 14-Feb-19 19:24 By: [REDACTED]
Last Modified: 14-Feb-19 19:30 By: [REDACTED]

Customer name: Cal State University SAA
Method of payment: Cash On Delivery

Bill to:

Cal State University SAA

PN	Qty	Description	Tax Cat	Unit Price	Total Price
000201	70	Potato Ball (Papa Rellena)	Y R	1.05	73.50
000206	50	Refugiado (Guava & Cheese Strudel)	R	0.95	47.50
000209	50	Cheese Roll	R	0.85	42.50
		SUB-TOTAL			163.50
		TAXABLE SUB-TOTAL			73.50
		California sales tax @ 10.00%			7.35
		TOTAL			170.85
		Less Amount Received			0.00
		BALANCE DUE			170.85

General Comments: Savory items ROOM TEMP
Place items in large boxes
20% discount on product per Betty to benefit California State
University Student Academy of Audiology, customer will pay \$136.68

Contact person: Lisa Gray Phone: 562.713.4657

Pickup at Pre-Order Pickup Area on Tuesday, February 26, 2019 after 10:00 AM