

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: [REDACTED]
 Officer Title: [REDACTED]
 Address: [REDACTED]
 City/State/Zip: [REDACTED]
 Phone & Email: [REDACTED]
 Officer Signature: 

Organization

Club/Organization: GravitAS Animation Society
 Event Title: Animation Option Visiting Artist Series: Peter Millard
 Date(s) of Event: March 27th, 2019 Semester Spring
 Location of Event: FA 225
 Expected Total Attendance: 35
 Expected Attendance of Cal State LA Students: 35

Event Description and Total Cost Breakdown

Briefly describe the event:

We are inviting film director and animator, Peter Millard, to lecture regarding his work and experiences as an artist; and hold a demo workshop.

Is the event open to all Cal State LA students?: Yes

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

This program is meant to educate students on art processes and give students a perspective in working in the art/animation industry as well as provide an opportunity for networking.

Hospitality

Description	Amount

Honoraria/Contracts

Description	Amount
Peter Millard	\$150.00

Marketing

Description	Amount

Other

Description	Amount

Event Summary

Total Cost of Event: \$150.00
 Amount Requested from ASI: \$150.00
 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.

All forms must have a Time Stamp and

staff initial: SK

19 MAR 14 11:46:44

Gravitas Animation Society Presents:

PETER MILLARD

Animation on Paper Workshop

March 27th, 2019 10am – 12pm

FA225

Bring your own supplies

Animation bond, drawing materials, and lightbox

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: Gravitas Animation Society PHONE: [REDACTED] DATE: 1/25/19
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: Peter Millard Workshop LOCATION: FA225
 EVENT DATE: 1/25/19 BEGIN TIME: 10am END TIME: 12pm ESTIMATED ATTENDANCE: 34

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: Artist Workshop/Demonstration ☐ 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):

Artist Peter Millard will conduct a workshop on his animation process.

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

- ☐ PRINTED POSTCARDS ☐ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: @calstatelagravitas ☐ OTHER: [REDACTED]
INCLUDE SITE & HANDLE

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

If so, please affirm organization members and guests will not consume alcohol.

Initials [REDACTED]

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 CSU.

RECEIVED
JAN 31 2019

BY: [Signature]

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 organization 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.

PRESIDENT:		SIGNATURE:	1/25/19
TREASURER:		SIGNATURE:	1/25/19
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:
		1/25/19
ADVISOR'S NAME		1/25/19

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

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)

Peter Millard-Allport

7328 Rue Boyer
Montreal
Quebec
H2R 2R7
Canada

Telephone: +1 514 293 7924

Email: hellopetermillard@gmail.com

SIN: 942-452-459

Invoice no: 020

Date: 16/02/2019

INVOICE FOR:

Cal State LA, 5151 State University Dr, Los Angeles, CA, 90032

Description of Services	Amount
Workshop	\$USD 150

Sub Total: \$USD 150

Total: \$USD 150

Bank Details:

Name: MR PETER R MILLARD-ALLPORT

Branch: LLOYDS BANK

Account No – 08714268

Sort Code – 77-27-37

IBAN - GB25LOYD77273708714268

BIC - LOYDGB21W59