Associated Students, Inc. Funding Request Form

For the Students, by the Students!"2018-19		Organization	Estimates / Food Permits
Contact		Club/Organization: HermanOs	UnidOs Event Estimates / Invoices
Officer Name Officer Title		Event Title: Pupusas Fundr	
Address		Date(s) of Event 3 /14/19	
City/State/Zip		Location of Event: CSULA From	
Phone & Email		Expected Total Attendance:	
Officer Signature:		Expected Attendance of Cal St	
	Description an	d Total Cost Breakdow	
Briefly describe the event:	Description and		ate LA students?: Select One
we will be selling pupusas to any hungry o	cal state la student or	The state of the s	e the Cal State LA experience?:
faculty.		Feed students who are in	
Hospitality		Honoraria/Contrac	ets
Description	Amount	Description	Amount
pupusas	\$200.00		
Marketing		Other	
Description	l Amount	Description	Amount
			
E		For Office Use Only	✓ • Do Not Write Below
Event Summa			• Do Not Write Below
Total Cost of Event:	\$200.00	Important: (1) All Funding Request Forms	must he turned in by 12 PM
Amount Requested from ASI:	\$200.00	Friday, the week before the	Funding Sub-Committee Meetings.
Amount from other sources:	\$0.00	(2) Additionally, funding reques than 10 business days (2 we	et forms must be turned in no less
What other resources are you employ			ayment or Purchase Order (RPP) is
What other resources are you employ	ying for this event:	15 days after the event.	
		All forms must have a Time	Stamp and
		$ staffinitial \mathcal{DS} $	FEB 27 (x) 2:23:26

Necessary Documents: Event Flyer w/ ASI Logo

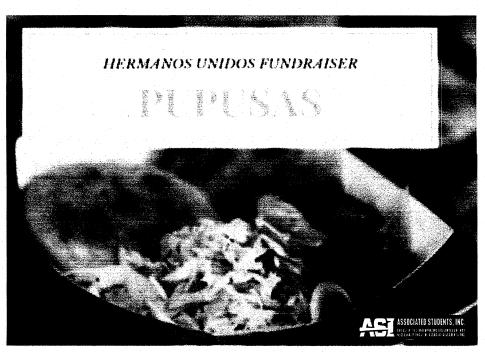
CSI Event Reg. Form

ASSOCIATED Students, Inc. Funding Request Form

Funding	Roduce	t Form	Levent Flyer W/ ASI Logo
For the Students, by the Students!"	, iredaes		CSI Event Reg. Form
For the Students, by the Students!" 2018-19			■ Estimates / Food Permits
Contact			☐ Event Estimates / Invoices
Officer Name:		Club/Organization: HermanOs UnidO	<u>'S</u>
Officer Title:		Event Title: Pupusas Fundraiser	
Address:		Date(s) of Event <u>3/21/2019</u>	Semester Select One
City/State/Zip:		Location of Event: CSULA Front of bo	
Phone & Email:		Expected Total Attendance:	50+
Officer Signature:		Expected Attendance of Cal State LA	Students:50+
Event	Description and	d Total Cost Breakdown	
Briefly describe the event:		Is the event open to all Cal State LA	students?: Select One
we will be selling pupusas to any hungry	cal state la student or	How will this program enhance the Ca	
faculty.		Feed students who are in a low	v budget
Hospitality		Honoraria/Contracts	
Description	Amount	Description	Amount
pupusas	\$200.00		
Marketing		Other	
Description	Amount	Description	Amount
Event Summa	iry	For Office Use Only • Do	Not Write Below
Total Cost of Event:	\$200.00	Important:	
Amount Downseled from AOI	\$200.00	(1) All Funding Request Forms must be	
Amount Requested from ASI:	φ200.00	Friday, the week before the Funding (2) Additionally, funding request forms in	
Amount from other sources:	\$0.00	than 10 business days (2 weeks) prio	
What other resources are you employ	ying for this event?	(3) Deadline for Request for Payment o	
		15 days after the event.	
		All forms must have a Time Stamp a	<u>and</u>
		staff initial:	

Necessary Documents:

Associated Students, Inc. **Necessary Documents:** ☐ Event Flyer w/ ASI Logo **E**Funding Request Form CSI Event Reg. Form For the Students, by the Students!" 2018-19 Estimates / Food Permits **Organization** Contact ☐ Event Estimates / Invoices Club/Organization: HermanOs UnidOs Officer Name: Event Title: Pupusas Fundraiser Officer Title: Date(s) of Event 3/28/2019 Semester Select One... Address: Location of Event: CSULA Front of bookstore City/State/Zip: 50+ Phone & Email: Expected Total Attendance: Officer Signature: 50+ Expected Attendance of Cal State LAStudents: ____ **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Select One... Briefly describe the event: we will be selling pupusas to any hungry cal state la student or How will this program enhance the Cal State LA experience?: Feed students who are in a low budget faculty. Honoraria/Contracts **Hospitality** Description **Amount** Description Amount \$200.00 pupusas Marketing Other Description Amount Description Amount For Office Use Only • Do Not Write Below **Event Summary** \$200.00 Total Cost of Event: Important: (1) All Funding Request Forms must be turned in by 12 PM \$200.00 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less \$0.00 Amount from other sources: than 10 business days (2 weeks) prior to the event. (3) Deadline for Request for Payment or Purchase Order (RPP) is What other resources are you employing for this event? 15 days after the event. All forms must have a Time Stamp and staff initial:



\$2.50 EACH, AGUAS FRESCAS \$ 2.00 3-14, 3-21,3-28-2019

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: PHONE: DATE: 2/26/20 pt
EVENT CONTACT NAME: EMAIL:
NAME OF EVENT: Pupusas LOCATION: CSULA front of bookstore
EVENT DATE: 3/4/2014 BEGIN TIME: 12:30pm END TIME: 3:00pm ESTIMATED ATTENDANCE: 50+ 3/23/70:9
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.) PROCEEDS TO BENEFIT
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)
DEDINITED POSTCAPOS DEDINITED POSTEDS/ELIEDS SOCIAL MEDIA.
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 biweekly email by the Center for Student Involvement. V 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) VES NO YES
WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)
WILL THE EVENT HAVE SECURITY? V NO YES If yes, please explain
WILL FOOD BE SERVED AT THE EVENT? NO V YES IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING VOTHER: 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
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.)? VNO 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.

Eupusas \$2	50 and aguas fresca	as for \$1 .50					
DDECIDENT			T SIGNA	TURE TO SERVICE STATE OF THE S			
PRESIDENT: TREASURER			SIGNA	ATURE:	10	DATE: 7	76/3019
	T ORGANIZATION ACC	COUNT #:			APPROVED EXE	EMPT STATUS: CSI VERIFICAT	ION
	UIDELINES	: al a al £ a + la					
to comply wi		ng guidelines may	result in disciplinar	y action taken agair	st the organiz	e followed completely. Fai zation including suspension on Handbook.	
CONDUCT:			or the conduct of particip Center for Student Invo			rsity policy may subject the parti	icipants and/or
ALCOHOL:	alcoholic beverages r Beverages form in ad Approved alcohol co	requires authorization Idition to this Event I nsumption events ar exual Violence Prever	n from the University. Registration Form. Ple nd events held where	Your organization mo ease allow at least 3 w alcohol is available (b	ust complete an reeks for this for out will not be co	us) that involves the consump of submit a Request to Serve rm to be reviewed by the Uni onsumed) require at least two dance of the entire event. Ac	Alcoholic iversity. TiPS certified
PUBLICITY:	marketing registered	events are required to printed material may	to be stamped by CSI be posted for up to a	I prior to their approve period of fourteen (1	ed posting. Stai	All printed marketing to be mps can be obtained after th s. For student organizations, t	e event has
GENERAL RELEASE:	If your event will requ to comply with all inst					participation, your organizationsted documents.	on is required
FOLLOW ALI		RTH BY THE UNIVER	RSITY. I ACKNOWLED	GE THAT THIS EVENT		Y ORGANIZATION IS SPONS OCIATED EVENT SPACE RES	
STUDENT C	ORG. OFFICER'S NAM	ME	SIGNATURE	(PLEASE USE BLUE OR	BLACK INK ONL	Y) DATE:	
	The second secon						
						2/26/2010	7
ADVISOR'S	NAME					2/26/201	
CENTER I CSI VERIFI ASSISTAN GENERAL		OLVEMENT (U-SU GNIZED BY THE UN ENTS: WELLNESS	J 204) IIVERSITY & ENGAGEMENT	ROFFICE U SIGNATURE: YES DATE RE			<u>q</u>
CENTER I CSI VERIFI ASSISTAN GENERAL NOTIFIC	FOR STUDENT INVOISES THE ORG. IS RECONT DEAN OF STUDE RELEASE REQUIRES ATIONS:	OLVEMENT (U-SU GNIZED BY THE UN ENTS: WELLNESS D FOR ALL PARTI	J 204) IIVERSITY & ENGAGEMENT	SIGNATURE:	EQUIRED:	2/26/201 Y mummumumumumumumumumumumumumumumumumum	<u>q</u>

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 3/14/2019, 3/21/2019, 3/28/	2019 Estimated Attendance: 50
Name of Event: Pupusas fundraiser	Estimated Attendance:
	Location: CSULA Front of bookstore
Sponsoring Organization: Hermanos Undios	Zoodaon.
	Phone: Fax:
Time:	6706 Normandie ave, los angeles, CA 90044
Access Time: 10:30 am a.m./p.m. to 11:54 am a.	i.m./p.m. El Guanaquito
Event Time: 12:00 pm a.m./p.m. to2:00 pm a.	ı.m./p.m.
Type of Food Service:	
Bake Sale Snacks Food Sale Barbecue Potluck Other (describ	Catering (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:	56 5616W)
ingredients), use back of page if necessary. pupusas and aguas fresc	
Where will this food be prepared or purchased [Note no Home Ba 6706 Normandie ave, los angeles, CA 90044 El Guanaquito	aked/Cooked Items are Allowed]?
List all beverages to be sold/served: Aguas Frescas such a	
Where will beverages be prepared or purchased? on site	
Method/s of maintaining proper holding temperatures for potentia water jars	ally hazardous food/s during transportation and service:
handling orientation (offered at the beginning of Fall and Spring of	vice. Failure to comply with the rules may result in the loss of food
coverage from the Associated Students, Inc. (ASI) at least two we	Sponsoring Student Organization agrees to obtain proper insurance eeks prior to the event date and ASI agrees to include the Sponsoring aporary Food Permit will not be approved unless accompanied by a
Services for any food or beverage the sponsoring organization	os Angeles, University-Student Union, or University Auxiliary n provides to the campus community. This permit should be and approvals; otherwise there is no guarantee of completion by the
All signatures shall be obtained in the following order. Studen	nt organizations need all signatures; other organizations 1, 3 and 4 only
A Royal Control of the Control of th	
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
Culus	2.26.19
2. Center for Student Involvement (UU 294) (Student Organization	
Chuch Centre	19-202 2/27/2019
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	Date
SIALL	19-202 2/27/2019
4. Environment Health & Safety (Cornorate Yard Ridg. 244)	Permit No. Date

	Date 2/25	120	sid	
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м	El Guenaquite			
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	A	ccount orward		
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ESPECIALES DEL JUEVES

CONTROLLARION SERVICES EAVITAS DE POULO **EAUTAS DERES**

DEPATA

ARRA FRITA



ALO L DE ELOTE

ATOL DE PIÑA





Guanakko#t Huevos AliGusto Cherizes (S11.00 asamiento Crema v Queso Totillas Hechas a Mano



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