

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: Sigma Lambda Beta
 Event Title: Sigma Lambda Beta Banquet
 Date(s) of Event: May 4, 2019 Semester Select One...
 Location of Event: Golden Eagle Ballroom 2
 Expected Total Attendance: 40
 Expected Attendance of Cal State LA Students: 20

Event Description and Total Cost Breakdown

Briefly describe the event:

Our organization will be having a banquet to celebrate this year's academic achievements and honor those who have supported us.

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

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

This event will be open to students that want to celebrate our accomplishments over the course of this year

Hospitality

Description	Amount
Food	\$1,814.11
Equipment	\$234.00

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount

Event Summary

Total Cost of Event: \$2,048.11
 Amount Requested from ASI: \$2,048.11
 Amount from other sources:
 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

18 MAR 15 11:09:28



— *Pi Beta* —
BANQUET

Saturday

May
4th

AT 7:00 PM

Golden Eagle Ballroom 3

*Please join us as we celebrate this year's
accomplishments and acknowledge those who have
supported us*



For more information please contact Rafael
(323)535-0983



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: Sigma Lambda Beta PHONE: [REDACTED] DATE: 3-7-19

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

NAME OF EVENT: Sigma Lambda Beta Pi Beta Banquet LOCATION: Golden Eagle Ballroom 3

EVENT DATE: May 4, 2019 BEGIN TIME: 7:00pm END TIME: 10:00pm ESTIMATED ATTENDANCE: 40

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> PROCEEDS TO BENEFIT | <input type="checkbox"/> EDUCATIONAL PROGRAM | <input type="checkbox"/> SPIRITUAL PROGRAM | <input type="checkbox"/> RECREATIONAL PROGRAM |
| <input type="checkbox"/> DANCE/PARTY | <input type="checkbox"/> SOCIAL PROGRAM | <input type="checkbox"/> COMMUNITY SERVICE | <input type="checkbox"/> CONFERENCE/CONVENTION |
| <input checked="" type="checkbox"/> OTHER: <u>Banquet</u> | <input type="checkbox"/> SPEAKER/PANEL | | |

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> SPORTS ACTIVITY OR COMPETITION | <input type="checkbox"/> BEACH/FOREST/PARK CLEAN-UP | <input type="checkbox"/> INTERNATIONAL TRAVEL |
| <input type="checkbox"/> BONFIRE | <input type="checkbox"/> INDOOR/OUTDOOR COOKING | <input type="checkbox"/> DOMESTIC TRAVEL |
| <input type="checkbox"/> AMPLIFIED SOUND | <input type="checkbox"/> ANIMALS | |

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Our organization will be having a banquet dinner to ~~commemorate~~ commemorate the accomplishments of our chapter and to recognize our members and our supporters who have helped us throughout the academic year.

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> PRINTED POSTCARDS | <input type="checkbox"/> PRINTED POSTERS/FLIERS | <input checked="" type="checkbox"/> SOCIAL MEDIA: <u>Instagram.com/sulabeta</u> | <input type="checkbox"/> OTHER: <u>[REDACTED]</u> |
| <small>INCLUDE SITE & HANDLE</small> | | | |

WHO WILL BE INVITED? (CHECK ALL THAT APPLY):

- | | | | | |
|--|--|---|---|-------------------------------------|
| <input checked="" type="checkbox"/> STUDENT ORG. MEMBERS | <input checked="" type="checkbox"/> CAL STATE LA COMMUNITY | <input type="checkbox"/> OTHER COLLEGES & UNIV. | <input type="checkbox"/> GENERAL PUBLIC | <input type="checkbox"/> 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 ORGANIZATION?

(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 CSI.



RECEIVED
2/7/19 C.S.D.

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.

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:

ADVISOR'S NAME

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

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)



Golden
Eagle
Hospitality

for: Event # E35743
on: Saturday, May 04, 2019

Client/Organization Sigma Lambda Beta	Event Date 5/4/2019 (Sat)	Booking Contact [REDACTED]	Event # E35743
Address 5151 State Univeristy Drive		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]
Party Name Banquet Dinner	Sales Rep Amanda Tapia	Theme	Category
			Guests 40 (Act)

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		7:00 pm	10:00 pm	Ballrm 3	Banquet 8

Food & Beverage

Food/Service Items	Unit	Price	Total
(40) Buffet-style Dinner - Served at TBD	Guest(s)	34.00	1,360.00
(40) Disposables	Guest(s)	0.50	20.00
-Mixed Green Salad with Lemon-Vinaigrette & Ranch Dressing			
-Sliced Sirloin w/ Carbernet Sauce			
-Grilled Sliced Chicken w/ Lemon-herb Sauce			
-Grilled Vegetable Lasagna			
-Roasted Red Potatoes			
-Sauteed Vegetables			
-Bread and Butter			
-Half Sheet Cake- Red Velevet-Max Score			
(2) Fudge Brownies-Cut in half	Dozen(s)	18.00	36.00

Equipment/Miscellaneous

Food/Service Items	Unit	Price	Total
(1) Check-in Table	Each		
(1) Podium and Microphone	Each	50.00	50.00
(1) Av Cart, Projector and Screen (Client to bring laptop)	Each	75.00	75.00
(5) Rounds of 8	Each		
(5) 132" Black Linen	Each	15.00	75.00
(40) White Napkins	Each		

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	1,416.00	0.00	0.00	200.00	0.00	0.00	0.00	1,616.00
Service Charge	240.72	0.00	0.00	34.00	0.00	0.00	0.00	274.72
Taxes	157.39	0.00	0.00	0.00	0.00	0.00	0.00	157.39
Total	1,814.11	0.00	0.00	234.00	0.00	0.00	0.00	2,048.11

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