

ASU 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: ASU

Organization

Club/Organization: Rehabilitation Counseling Association
 Event Title: Graduation Celebration
 Date(s) of Event: May 31, 2019 Semester Select One
 Location of Event: U-SU Los Angeles Room ABC
 Expected Total Attendance: _____ 130
 Expected Attendance of Cal State LA Students: _____ 75

Event Description and Total Cost Breakdown

Briefly describe the event:

The Graduation Celebration will bring together graduating students to celebrate their accomplishments. Furthermore, Rehabilitation services are one of two undergrad programs at CCOE that achieves 96% graduation rate. This celebration will inspire and re-energize current students to finish their educational commitment strong and with vigor. We believe

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

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

The RCA Graduation Celebration enhance the California State University, Los Angeles experience, by honoring the students with a great celebration for their great accomplishment.

Hospitality

Description	Amount
Golden Eagle Hospitality	\$3,888.94

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount
Graduation Decorations	\$210.96

Event Summary For Office Use Only • Do Not Write Below

Total Cost of Event: \$4,099.90

Amount Requested from ASI: \$2,888.94

Amount from other sources: \$1,099.90

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?

RCA Fundraising (\$99.90)
 Cultural Center 2025 Graduation Initiative Grant (\$1,000)
 ASI (\$3,000)

All forms must have a Time Stamp and staff initial: SK

13 MAR 27 12:53:14

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: [REDACTED] PHONE: [REDACTED] DATE: [REDACTED]
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
NAME OF EVENT: [REDACTED] *Celebration* LOCATION: [REDACTED]
EVENT DATE: *15/31/18* BEGIN TIME: *5:00pm* END TIME: *9:30pm* ESTIMATED ATTENDANCE: *170*

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)

- SPORT'S 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):

[REDACTED]

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

- PRINTED POSTCARDS
- PRINTED POSTERS/FLIERS
- SOCIAL MEDIA: *RCACSLA ReCAP CSULA*
- 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 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 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 liable for the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.



RECEIVED

12/14/18 KM

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): *[Signature]* DATE: 10/20/18
 ADVISOR'S NAME: _____ SIGNATURE: *[Signature]* DATE: 10/20/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

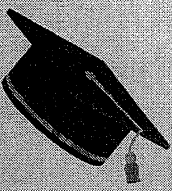
CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: 12/14/18
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY
 ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES. DATE REQUIRED: _____

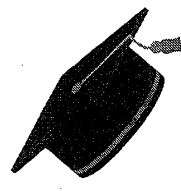
NOTIFICATIONS:

PUBLIC AFFAIRS DATE: _____
 DEPT. OF PUBLIC SAFETY DATE: _____
 OTHER: _____ DATE: _____
 ATHLETICS DATE: _____
 FACILITIES USE COORDINATOR DATE: _____
 U-SU BUSINESS OFFICE DATE: _____

NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)



GRADUATION CELEBRATION



**We would like to invite you to join us
for celebrating our Rehabilitation
Services student achievement.**

Information

Friday, May 31, 2019

5:00 pm - 8:30 pm

U-SU Los Angeles

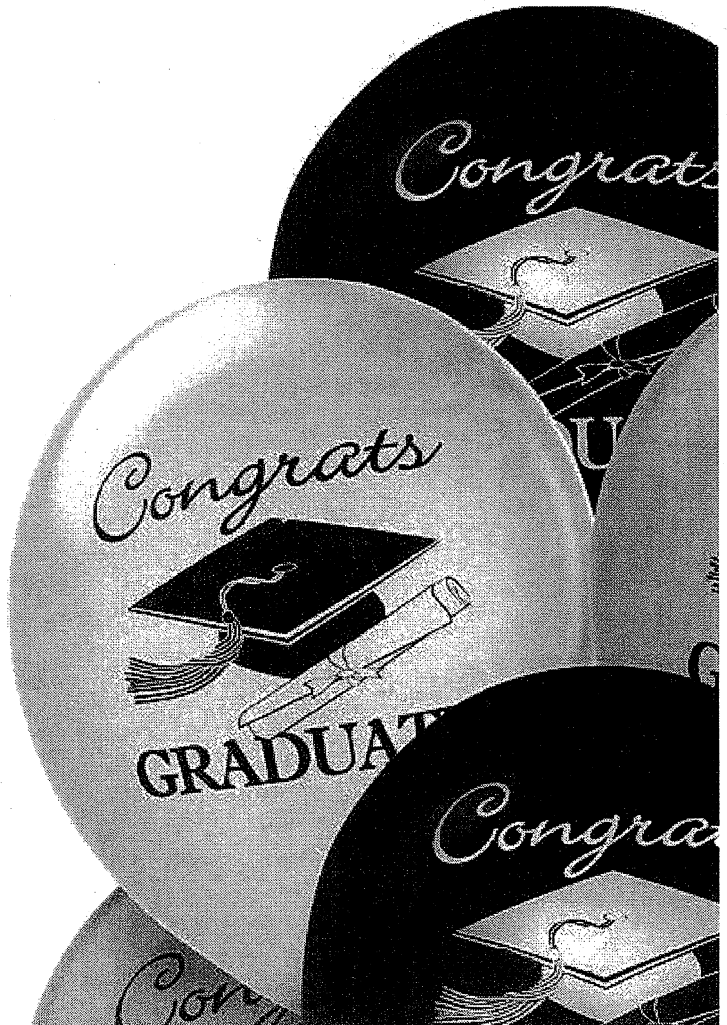
Room ABC

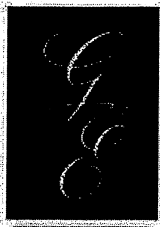
RSVP:

rcacsula@gmail.com

**student +2 guests=
free**

**Each additional
tickets is \$10**





Golden
Eagle
Hospitality

for: Event # E35804
on: Friday, May 31, 2019

Client/Organization Rehabilitation Counseling Association		Event Date 5/31/2019 (Fri)		Booking Contact [REDACTED]		Event # E35804	
Address 5151 State University Drive				City, St/Prov Postal Los Angeles, CA 90032		Booking Tel [REDACTED]	
Party Name Yearly Celebration		Sales Rep Amy Miers		Theme		Category	

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		5:45 pm	6:00 pm	Off-Site 2	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
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Delivery to LA Room ABC for
6:00pm

(130) Disposables Guest(s) 0.35 45.50

(130) Option A - Buffet Guest(s) 23.00 2,990.00

-Green Salad w/ Lemon
Vinaigrette Dressing

-(114) Grilled Sliced Chicken
with Wild Mushroom Sauce

-(15) Grilled Tofu with Wild
Mushroom Sauce

-(1) GLUTEN FREE: Grilled
Sliced Chicken with Wild
Mushroom Sauce

-Rice Pilaf

-Green Beans

-Full Sheet Vanilla Cake

-Half Sheet Chocolate Cake

-Lemonade, Iced Tea and Water
Service

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	3,035.50	0.00	0.00	0.00	0.00	0.00	0.00	3,035.50
Service Charge	516.04	0.00	0.00	0.00	0.00	0.00	0.00	516.04
Taxes	337.40	0.00	0.00	0.00	0.00	0.00	0.00	337.40
Total	3,888.94	0.00	0.00	0.00	0.00	0.00	0.00	3,888.94

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

Subtotal	3,035.50	Paid	0.00
Tax	337.40	Balance	3,888.94
Service Charge	516.04		
Total Value	3,888.94		

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

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

PartyCity.

Your Cart



**Giant Gold & Black
2019 Number
Balloon Kit**
SKU: 846580

\$49.99/ea

- +

\$49.99

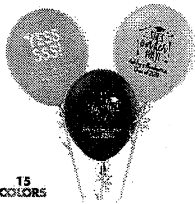


**2019 Graduation
Black, Gold & Silver
Super Photo Booth Kit**
SKU: 806339

\$26.99/ea

- +

\$26.99



**Personalized
Graduation Latex
Small Balloon**

9in Latex Balloon

Qty: 20 sets of 5 = 100
latex balloons

Starting at \$42.99 for a
pack of 10

[See Price List](#)

SKU: 777641

Custom items ship
separately and require up to
5 business days of
processing time

FEEDBACK

Order Summary:

Order Subtotal:

\$197.97

Estimated Tax:

\$0.00

Estimated Shipping:

\$12.99

Total:

\$210.96

**Oh,
It's On**

FEEDBACK