

**FUNDING REQUEST FORM**

2019-2020

**PART 1 - NOTICE & CHECKLIST****IMPORTANT**

1. All Funding Request Forms must be submitted by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
2. 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.

☒ EVENT FLYER WITH ASI LOGO☒ CSI EVENT REGISTRATION FORM☒ ESTIMATES/FOOD PERMITS☒ EVENT ESTIMATES / INVOICES**PART 2 - CONTACT & ORGANIZATION**

OFF

TITL

ADD

CITY

PHO

SIGNATURE: *Phygy Salazar*

CLUB/ORG: Students Academy of Audiology

EVENT TITLE: SAA Informational Meeting

DATE(S) OF EVENT: 11/20

SEMESTER: ☒

EVENT LOCATION: USU Los Angeles Room BC

EXPECTED ATTENDANCE: 50

EXPECTED CAL STATE LA STUDENTS ATTENDANCE: 50

**PART 3 - EVENT DESCRIPTION**IS THE EVENT OPEN TO ALL CAL STATE LA STUDENTS? ☒ YES ☐ NO

BRIEFLY DESCRIBE THE EVENT:

Three individuals will share their story about what it is like to live with hearing loss. They will each talk about how hearing loss effects their lives.

HOW WILL THIS PROGRAM ENHANCE THE CAL STATE LA EXPERIENCE?

Their stories will provide students with insight about people with hearing loss, as they are a population that students within the communication disorders major will likely work with.

**PART 4 - COST BREAKDOWN**

HOSPITALITY	DESCRIPTION:	AMOUNT:	HONORARIA / CONTRACTS	DESCRIPTION:	AMOUNT:
	Campus Catering	725.13			
MARKETING	DESCRIPTION:	AMOUNT:	OTHER	DESCRIPTION:	AMOUNT:

**PART 5 - EVENT SUMMARY**

TOTAL COST OF THE EVENT 725.13  
 TOTAL REQUESTED FROM ASI 725.13  
 AMOUNT FROM OTHER SOURCES 0  
 WHAT OTHER RESOURCES ARE YOU EMPLOYING FOR THIS EVENT:

**OFFICE USE ONLY**STAFF INITIALS SR

TIME STAMP: 10 OCT 2019 8:12:38

# 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: Students Academy of Audiology (SAA) PHONE: [REDACTED] DATE: 7/30/19

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

NAME OF EVENT: SAA Informational Meeting LOCATION: LA Room 308BC

EVENT DATE: 10/16, 11/20 BEGIN TIME: 6:30 END TIME: 9:30 ESTIMATED ATTENDANCE: 50

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)

- ☐ 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):

Educational event about audiology as it pertains to the field of communication disorders.  
• will include guest speaker  
• powerpoint presentation

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

- ☐ PRINTED POSTCARDS ☒ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: IG: csula\_saa ☐ 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 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

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.)? ☒ 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.

## \* 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.

The membership fee is \$10 per semester.

PRESIDENT:

SIGNATURE:

DATE:

TREASURER:

SIGNATURE:

DATE:

U-SU STUDENT ORGANIZATION ACCOUNT #:

BC 136

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

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

## 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 # E37867  
on: Wednesday, November 20, 2019

Client/Organization Student Academy of Audiology	Event Date 11/20/2019 (Wed)	Booking Contact [REDACTED]	Event # E37867
Address 5151 State University Drive	City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]	Guests 60 (Act)
Party Name SAA Hearing Loss Journey	Sales Rep Amanda Tapia	Theme	Category

### Venue

Description	Type	Start	End	Banquet Room	Setup Style
		6:15 pm	6:30 pm	Student Union	Delivery

### Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to USU-LA Room BC for 6:30pm			
**NO disposables**			
(1) Gluten Free Cauliflower Crust- Sausage (Cut into 6 Slices)	Each	15.00	15.00
(7) Pepperoni Pizza (Slice of 12)	Each	12.00	84.00
(3) Tomato Basil Pizza (Slice of 12)	Each	12.00	36.00
(2) Cheese Pizza (Slices of 12)	Each	10.00	20.00
(1) Small Spicy Edamame (Gluten Free)(Vegan) (15-35 Guests)	Bowl(s)	35.00	35.00
(4) Mac & Cheese Wedges	Dozen(s)	12.00	48.00
(8) Mini Chicken Corn Dogs w/ Grainy Mustard	Dozen(s)	8.00	64.00
(4) Chicken Taquitos With Avocado Sauce (cut in half)	Dozen(s)	26.00	104.00
(2) Tofu Mushroom Skewers	Dozen(s)	22.00	44.00
(5) Chocolate Chip Cookies	Dozen(s)	16.00	80.00
(1) Pink Lemonade	Gallon(s)	18.00	18.00
(1) Fresh Brewed Raspberry Ice Tea (Sweetened)	Gallon(s)	18.00	18.00
Water Service			

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

## E37867 - Student Academy of Audiology

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	530.00	36.00	0.00	0.00	0.00	0.00	0.00	566.00
Service Charge	90.10	6.12	0.00	0.00	0.00	0.00	0.00	96.22
Taxes	58.91	4.00	0.00	0.00	0.00	0.00	0.00	62.91
Total	679.01	46.12	0.00	0.00	0.00	0.00	0.00	725.13

Subtotal	566.00	Paid	0.00
Tax	62.91	Balance	725.13
Service Charge	96.22		
Total Value	725.13		

**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)



Golden  
Eagle  
Hospitality

for: Event # E37867  
on: Wednesday, November 20, 2019

Client/Organization Student Academy of Audiology	Event Date 11/20/2019 (Wed)	Booking Contact [REDACTED]	Event # E37867
Address 5151 State University Drive		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]
Guests 60 (Act)			
Party Name SAA Hearing Loss Journey	Sales Rep Amanda Tapia	Theme	Category

### Venue

Description	Type	Start	End	Banquet Room	Setup Style
		6:15 pm	6:30 pm	Student Union	Delivery

### Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to USU-LA Room BC for 6:30pm			
**NO disposables**			
(1) Gluten Free Cauliflower Crust- Sausage (Cut into 6 Slices)	Each	15.00	15.00
(7) Pepperoni Pizza (Slice of 12)	Each	12.00	84.00
(3) Tomato Basil Pizza (Slice of 12)	Each	12.00	36.00
(2) Cheese Pizza (Slices of 12)	Each	10.00	20.00
(1) Small Spicy Edamame (Gluten Free)(Vegan) (15-35 Guests)	Bowl(s)	35.00	35.00
(4) Mac & Cheese Wedges	Dozen(s)	12.00	48.00
(8) Mini Chicken Corn Dogs w/ Grainy Mustard	Dozen(s)	8.00	64.00
(4) Chicken Taquitos With Avocado Sauce (cut in half)	Dozen(s)	26.00	104.00
(2) Tofu Mushroom Skewers	Dozen(s)	22.00	44.00
(5) Chocolate Chip Cookies	Dozen(s)	16.00	80.00
(1) Pink Lemonade	Gallon(s)	18.00	18.00
(1) Fresh Brewed Raspberry Ice Tea (Sweetened)	Gallon(s)	18.00	18.00
Water Service			

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

## E37867 - Student Academy of Audiology

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	530.00	36.00	0.00	0.00	0.00	0.00	0.00	566.00
Service Charge	90.10	6.12	0.00	0.00	0.00	0.00	0.00	96.22
Taxes	58.91	4.00	0.00	0.00	0.00	0.00	0.00	62.91
Total	679.01	46.12	0.00	0.00	0.00	0.00	0.00	725.13

Subtotal	566.00	Paid	0.00
Tax	62.91	Balance	725.13
Service Charge	96.22		
Total Value	725.13		

**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)

STUDENT ACADEMY OF AUDIOLOGY  
AT CAL STATE LA

# My Hearing Loss Journey

You don't want to miss this! There will be  
lots of food, games, & great  
Opportunities to see how hearing loss has  
impacted individuals.



NOVEMBER 20<sup>TH</sup>

7:00-9:00PM

CHECK IN STARTS AT 6:30

GOLDEN EAGLE- LA ROOM BC

Follow us for more info.

Instagram: csula\_saa

Facebook: csula saa

