

FUNDING REQUEST FORM

2020-2021

PART 1 - NOTICE & CHECKLIST

IMPORTANT

- All Funding Request Packets must be submitted by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
- Funding Request Packets must be turned in no less than 5 business days (1 week) prior to the event.
- Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

- CSI EVENT REGISTRATION FORM
 EVENT ESTIMATES / INVOICES (NOT PAID)
 EVENT FLYER WITH ASI LOGO
 REQUIRED SUPPORTING MATERIAL BASED ON PURCHASES/EVENT

PART 2 - CONTACT & ORGANIZATION

OFFICER NAME:
 OFFICER TITLE:
 ADDRESS:
 CITY: STATE: ZIP:
 PHONE: EMAIL:
 SIGNATURE: *Leah Santiago*

CLUB/ORG: Public Health Student Association
 EVENT TITLE: Happy Holidays Raffle
 DATE(S) OF EVENT: 12/7-12/11 SEMESTER:
 EVENT LOCATION: Virtual (Instagram Post)
 TOTAL ATTENDANCE: 20
 EXPECTED CAL STATE LA STUDENTS ATTENDANCE: 15

PART 3 - EVENT DESCRIPTION

IS THE EVENT OPEN TO ALL CAL STATE LA STUDENTS? YES NO
 BRIEFLY DESCRIBE THE EVENT:
 Participating in the PHSA's upcoming events and activities in mid November and early December will be counted as entries for the holiday raffle.

HOW WILL THIS PROGRAM ENHANCE THE CAL STATE LA EXPERIENCE?
 In this rough year we would like to treat our students with a holiday gift. This is a way to help students de-stress before finals week and enjoy their prizes safely at the comfort of their home.

PART 4 - COST BREAKDOWN

HOSPITALITY	DESCRIPTION:	AMOUNT:

HONORARIA / CONTRACTS	DESCRIPTION:	AMOUNT:
	Paint by numbers eGift card	25.00
Bath & Body Works eGift card	50.00	
1-800 Baskets eGift card	50.00	
Target eGift card	100.00	

MARKETING	DESCRIPTION:	AMOUNT:

OTHER	DESCRIPTION:	AMOUNT:

PART 5 - EVENT SUMMARY

TOTAL COST OF THE EVENT: 225.00
 TOTAL REQUESTED FROM ASI: 225.00
 AMOUNT FROM OTHER SOURCES: None
 WHAT OTHER RESOURCES ARE YOU EMPLOYING FOR THIS EVENT:
 None

OFFICE USE ONLY

STAFF INITIALS:
 TIME STAMP:





Event Registration

Holiday Raffle

Submitted By: [REDACTED] n 11/6/2020 7:37:27 PM

Basic Information

Student organizations must complete and submit this form at least 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed.

Please select the type of organization who will be hosting this event.

Student Organization

Host Organization Name

What Organization/Department is hosting the event?
Public Health Student Association

Event Name

Holiday Raffle

Estimated Attendance

Please describe the estimated attendance of participants for this event. Please note that based on your response, your organization may need to comply with additional campus policies and procedures before this event can be registered. For more information please refer to the Student Organization Handbook sections on Ticketing and Guidelines for Campus Facility Reservation.

15

About the event

Please describe what this event is about and include all intended activities that will take place.

It's been a rough year and we would like treat our students with a holiday gift.

Participating in the upcoming events and activities will be counted as entries to our holiday raffle.

Winners will be announced before Finals Week,

Time & Location

Start Date/Time

12/07/2020 - 7:30 PM

End Date/Time

12/11/2020 - 7:30 PM

Events that occur on non-consecutive dates will need to be registered separately per each date, (e.g. if you plan on having a food sale on multiple days in the month).

Where will the event take place?

What online platform will this event use to host the event?

Zoom

Specific Online URL Information

Include the full link where participants can access the virtual event (Zoom link, etc) or a link to where they can find information on how to access the event (Linktree, website, etc.)

<https://docs.google.com/spreadsheets/d/11oiZhQjcU-OaogJlruZdkKkBT0GmwrFm6g1RuQF-NsM/edit>

Is a password required to gain access?

No

Do participants need to RSVP?

No

Student Organization Officer and Advisor Contact Information

Only current organization officers can submit the Event Registration Form. Submitted forms will require Advisor approval prior to CSI approval.

Contact Person

Please provide the name of the officer submitting this form.

[REDACTED]

Officer Contact Phone Number

[REDACTED]

Contact Email

Provide the officer's email address.

[REDACTED]

Organization Advisor Phone Number

[REDACTED]

Organization Advisor Name

[REDACTED]

Organization Advisor Email Field

Please ensure your advisor's email address is entered accurately. This Event Registration Form will be sent to your advisor for approval before CSI can approve it.



Marketing

No publicity may be distributed or posted online until this form has been submitted and approved. All publicity material must comply with University Administrative Procedures AP P003 and AP P007. For Fall 2020 only electronic or virtual forms of marketing will be approved for student organizations.

How do you plan on marketing this event?

Social Media

Social Media Site

Instagram

Social Media Handle

csula_phsa

Printed Media Upload*

If you plan on marketing this event with printed media, please upload a copy for review.

[d3e01a6a-b899-47a7-b310-a0da1b6497f0.jpeg](#)

What other methods of marketing will your organization use?

N/a

Who is invited to this event?

Cal State LA Community

Will off-campus media be notified about this event?

No

Tags

GOLDEN EAGLES/CAMPUS SPIRIT

HOLISTIC HEALTH AND WELLNESS

RECREATION

SOCIAL

VIRTUAL CONFERENCE/CONVENTION

Cover Image

Please select an image that corresponds to your event.



**PUBLIC HEALTH
STUDENT ASSOCIATION**

Event Details

Event Category

Please select any of the categories above that best describes your event. Note, organization meetings do not need to be registered. For Fall 2020 all of these event categories must be held virtually.

Community Service

Social Program

Will the event have an admission charge, registration fee, or raise any proceeds to benefit the organization

No

Will you be requesting funding from Associated Students, Incorporated?

For more information on Club and Organization Funding please visit: <https://asicalstatela.org/services/clubs-and-organizations-funding>

Yes

For more information on Club and Organization Funding please visit: <https://asicalstatela.org/services/clubs-and-organizations-funding>.
For any other questions contact the Vice President for Finance by calling 323-343-4778.

For this event, will your organization be seeking tax deductible private external fund raising support?

Are you seeking sponsorship from private individuals or external companies/organizations off campus that may require additional tax documentation? (Individual donations that do not require tax documentation do not count.)

No

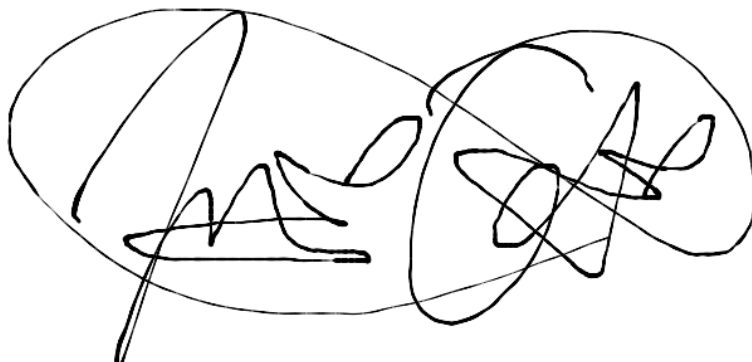
Will a movie be shown at this event?

No

Acknowledgment

AS AN OFFICER OF THIS ORGANIZATION, 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.

Signature Pad Field

A handwritten signature in black ink, appearing to be "J. [unclear] [unclear]", written on a signature pad. The signature is stylized and somewhat illegible.



Happy Holidays Rabble

It's a wonderful season to win a gift card!

Attend our PHSA events for November Virtual Friendsgiving on 11/20 & December events from 12/6-12/12 to gain entries into the raffle.



ASI ASSOCIATED STUDENTS, INC.
THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.

Customize your gift



Enter your card value

— \$ 50.00 +

(\$5 to \$500)

\$5

\$25

\$50

\$100

\$250

\$500

Tell us about yourself

Your Name



Tell us about the Gift Recipient

[Help](#)

Customize your gift



Enter your card value

— \$

50.00

+

(\$5 to \$200)

\$5

\$25

\$50

\$100

Tell us about yourself

Your Name



Tell us about the Gift Recipient

[Help](#)

Customize your gift



Enter your card value

— \$

100.00

+

(\$5 to \$2,000)

\$10

\$25

\$50

\$100

Tell us about yourself

Your Name



Tell us about the Gift Recipient

[Help](#)

1 ITEM 4-Day US Shipping on our USA kits. New arrivals just add \$25.00 **CHECK OUT** them now!



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NEW Arrivals

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All Paintings

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💰 Share and Earn \$\$ 💰

😍 Featured Customers 😍

★ Reviews ★ Help ▾

Giving Back ▾

📦 Order Status 📦



Your cart

Product	Price	Quantity	Total
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Paint By Numbers Gift Card

Value: \$25

REMOVE

\$25.00

REMOVE

1

\$25.00

EDIT

UPDATE

REWARDS

Subtotal \$25.00