

FUNDING REQUEST FORM

2020-2021

PART 1 - NOTICE & CHECKLIST

IMPORTANT

1. All Funding Request Packets must be submitted by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
2. Funding Request Packets must be turned in no less than 5 business days (1 week) prior to the event.
3. 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:
DocuSigned by: Rebecca Martinez 7C196A7153C0480

CLUB/ORG: Healthcare Leadership Association
 EVENT TITLE: Women's Month
 DATE(S) OF EVENT: 3/27/2021 SEMESTER: SPRING
 EVENT LOCATION: Via Zoom
 TOTAL ATTENDANCE: 45
 EXPECTED CAL STATE LA STUDENTS ATTENDANCE: 45

PART 3 - EVENT DESCRIPTION

IS THE EVENT OPEN TO ALL CAL STATE LA STUDENTS? YES NO
 BRIEFLY DESCRIBE THE EVENT:
 Celebrating Women in Healthcare, sharing experiences of speaker journey and discussing what it takes to get to be in administrative position.

HOW WILL THIS PROGRAM ENHANCE THE CAL STATE LA EXPERIENCE?
 - Minority Women in Administrative Positions
 - Covid-19 impact on Role and Management
 - Balance of Work and Extracurricular Activities

PART 4 - COST BREAKDOWN

HOSPITALITY	DESCRIPTION:	AMOUNT:
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

HONORARIA / CONTRACTS	DESCRIPTION:	AMOUNT:
	Gratitude Plaque (Speaker)	59.48
	Gratitude Plaque (Guest Speaker)	59.48
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

MARKETING	DESCRIPTION:	AMOUNT:
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

OTHER	DESCRIPTION:	AMOUNT:
	3 Gift Cards for Students (raffle)	80.00
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

PART 5 - EVENT SUMMARY

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

OFFICE USE ONLY
 STAFF INITIALS
 TIME STAMP:





Event Registration

Celebrating Women's Month

[APPROVED]

Submitted By [REDACTED] 12:35:12 AM

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?
Healthcare Leadership Association

Event Name

Celebrating Women's Month

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.

45

About the event

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

This event will be a 2-hour virtual event in celebration of Women's Month. The speaker will talk about minority women in an administrative position, Covid-19 impact on role and management, and balancing work and social life.

Time & Location

Start Date/Time

03/27/2021 - 10:00 AM

End Date/Time

03/27/2021 - 12:00 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.)

Zoom Id: 856 9370 0487

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.

██████████

Officer Contact Phone Number

██████████

Contact Email

Provide the officer's email address.

██████████

Organization Advisor Phone Number

██████████

Organization Advisor Name

██████████

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?

Email

Social Media

Social Media Site

Instagram

Social Media Handle

hla_csula

Printed Media Upload*

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

[43840273-6ae4-4a2d-8264-b4b87a753066.jpg](#)

What other methods of marketing will your organization use?

Word of mouth

Who is invited to this event?

Cal State LA Community

Will off-campus media be notified about this event?

No

Tags

COMMUNITY BUILDING AND CELEBRATION

EDUCATIONAL

LEADERSHIP DEVELOPMENT

LECTURE/SPEAKER

Cover Image

Please select an image that corresponds to your event.

**GENERAL MEETING &
SPEAKER SERIES**



WOMEN'S MONTH

LETICIA VALADEZ

DIVISION ADMINISTRATOR AT CHILDREN'S HOSPITAL LOS ANGELES

SATURDAY MARCH 27, 2021 • 10AM • ZOOM ID 856 9370 0487



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.

Educational Workshop/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

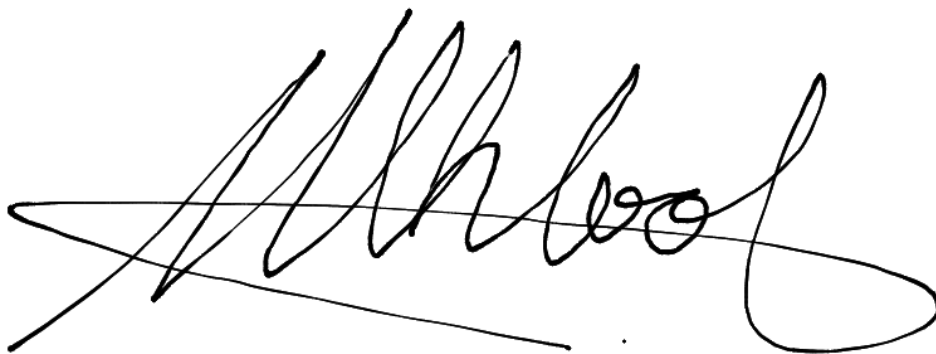
Will a movie be shown at this event?

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 read "M. Wood", written over a horizontal line.

Event Guidelines & Resources

**GENERAL MEETING &
SPEAKER SERIES**



WOMEN'S MONTH

LETICIA VALADEZ

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SATURDAY MARCH 27, 2021 • 10AM • ZOOM ID 856 9370 0487





SEARCH BY ITEM#, NAME



AWARD TYPES

PLAQUES

ACRYLIC

CRYSTAL

MARBLE

TROPHIES

GIFTS

NAMEPLATES

BADGES

Please enter the following information, then click PLACE YOUR ORDER.

PLACE YOUR ORDER

Shipping Address

Contact: [Redacted]
Company: [Redacted]
Address: [Redacted]
Phone 1: [Redacted]

[Edit Address](#)

Billing Address

Contact: [Redacted]
Address: [Redacted]
Phone 1: [Redacted]

[Edit Address](#)

Shipping Options

We expect to finish production by:

Thursday, February 18, 2021

Need a Rush Order? Email: orders@award.com

Select a delivery option:

- Standard Shipping (Up to 5 Business Days) - \$12.32
- Tuesday, February 23, 2021 - \$24.77
- Monday, February 22, 2021 - \$33.74
- Friday, February 19, 2021 - \$44.40

You should receive your order by:

Thursday, February 25, 2021

Additional Notes: (optional)

e.g. Must Have In-Hand Date

Payment Method

- Credit Card
- Company Check

Card Holder:

Card Type: Select

Card Number:

Expires: 1 / 2021

Security Code: [Help?](#)

Save this account for future use.

Order Summary

Item	Qty	Price
Women's Month	1	\$42.90
High Gloss Mahogany Finish Custom Award Plaques 8"x 10" FPJ0005B		
Personalization Cost		\$5.20
Logo Setup (HLA Logo 2.png)		\$0.00
Logo Setup (ASI Logo (2).png)		\$0.00
High Gloss Mahogany Finish Custom Award Plaques 02/15/21	1	\$42.90
High Gloss Mahogany Finish Custom Award Plaques 8"x 10" FPJ0005B		
Personalization Cost		\$6.60
Logo Setup (HLA Logo 2.png)		\$0.00
Logo Setup (ASI Logo (2).png)		\$0.00
SubTotal:		\$97.60
Tax:		\$9.03
Shipping & Handling:		\$12.32
Order Total:		\$118.95



VONS

Open with ▾

Store 2665 Di- Elena Lugo
Main:(323) 662-8107 Rx:(323) 662-2121
4520 Sunset Blvd.
LOS ANGELES CA 90027

	MISCELLANEOUS	
MR	BHN VISA BIT	50.00
GB	9111190303997	APPROVED
MR	PROCESSING FEE	4.95
MR	BHN VISA BIT	50.00
GB	9111332176947	APPROVED
MR	PROCESSING FEE	4.95
	TAX	0.00
****	BALANCE	109.90

Debit Purchase 10/30/20 15 58
CARD # ***** [REDACTED] PRIMARY
TOTAL TRANSACTION AMOUNT: 109.90
CASH BACK AMOUNT: 0.00
REF: 015841123140 AUTH: 00659004



Debit 109.90
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 0
10/30/20 15:58 2655 3 345 9258

As of today, you have accumulated
1 of 8 toward your FREE
Regular size Sandwich.

POINTS EARNED TODAY

TOTAL 0

Points Towards Next Reward 11 of 100

YOUR CASHIER TODAY WAS NELSON

HOW WAS YOUR SHOPPING EXPERIENCE?
WE VALUE YOUR FEEDBACK!
ENTER TO WIN A \$100.00 GIFT CARD
GO TO: www.vons.com/survey
ENTER THE SURVEY CODE BELOW:
266510/3015-583/345

VONS

Shop ▼ just for U Weekly Ad Pharmacy Your Store

Sign In / Up ▼ 📍 !

Search Products 🔍

🏠 Shopping at 3645 Midway Dr [Change](#)

[COVID-19 Vaccine Info](#)

Visit our [pharmacy webpage](#) for the most up-to-date scheduling info, FAQs and more. Our pharmacy webpage is updated frequently with the latest information and is the most effective way to learn more

