## FUNDING REQUEST FORM

PART 1 - NOTICE \& CHECKLIST


| \ cilevent registration form | $\checkmark$ Event estimates / invoices (not paid) |  |
| :---: | :---: | :---: |
|  | PART 2 - CONTAC | \& ORGANIZATION |
| OFFICER NAME: |  | club/org: The Neurodivergent Collective |
| officer title: |  | event title: Disability Justice Tour |
| address: |  | dates ${ }^{\text {S O OF EVENT: }} 4 / 02 / 24-4 / 5 / 24$ SEMESTER: SPRING |
| CITY: | STATE: ZIP: | event location: UC Berkeley |
| PHONE: | EMAIL: dmarti200@calstatela.e | TOTAL ATtENDANCE: 8 |
| SIGNATURE: |  | expected cal state la students attendance: 5 |

## PART 3 - EVENT DESCRIPTION

is the event open to all cal state la students? $\square$ yes $\square$ no $\|$ how will this program enhance the cal state la experience? briefly describe the event:

We will take 5 students, 2 faculty and 1 staff member to Berkeley, CA to tour key sites related to disability justice.

This event will connect to students' research, course work, and advocacy work. We will learn from disabled activists and scholars so that we can implement change on campus (such as creation of a Disability Cultural Ce

PART 4 - COST BREAKDOWN

| $\begin{aligned} & \text { 를 } \\ & \text { à } \\ & \text { en } \end{aligned}$ | DESCRIPTION: | amount: |  | description: | amount: |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| $\stackrel{\text { 를 }}{\text { 를 }}$ | DESCRIPTION: | amount |  | description: | amount: |
|  |  |  |  | Students Lodging | \$2411.18 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

PART 5 - EVENT SUMMARY

| TOTAL COST OF THE EVENT | $\$ 7,251.98$ |
| :--- | :--- |
| TOTAL REQUESTEDFROM ASI | $\$ 2411.18$ |
| AMOUNT FROM OTHER SOURCES | $\$ 4,840.80$ |

WHAT OTHER RESOURCES ARE YOU EMPLOYING FOR THIS EVENT:
DOR, OSD. Psychology Department, College of Education, College of Health and Human Services

## OFFICE USE ONLY

## STAFF INITIALS

TIME STAMP:

## acear DIVISION OF

LA STUDENT LIFE

Event Reg strat on
Disability Justice Tour
Submtted By:

## Basic Information

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

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

Student Organ zat on

## Host Organization Name

What Organization/Department is hosting the event?
The Neurod vergent Co ect ve of Ca State LA

## Event Name

D sab ty Just ce Tour

## Estimated Attendance

Please describe the estimated attendance of participants for this event.
5

## About the event

Please describe what this event is about and include all intended activities that will take place.
The Neurod vergent Co ect ve strave ng to Berke ey Ca forn a - the brthp ace of the ndependent vng movement. We w be $v s t n g s t e s$ that $p$ ayed $a v$ ta roe $n$ the $d$ sab ty $r$ ghts movement $n$ the past and present day. These sghts ncude, but are not $m$ ted to, the Ed Robert's Campus, the UC Berke ey D sab ty Lab, and the UC Berke ey D sab ty Cu tura Center.

## Time \& Location

Submitting this form DOES NOT reserve the space. Please visit the resources at the bottom of this form to submit the appropriate reservation request.

Events/meetings that repeat or occur on non-consecutive dates will need to be registered separately per each date, (e.g. if you plan on having a meeting on multiple days in the month). For more information on how to repeat registered events check out this Presence guide

## Start Date/Time

## End Date/Time

04/05/2024-6:00 PM

## What format will this event/meeting use?

Hybrid events and meetings are defined as a mixture of in-person events/meetings with a virtual component usually running simultaneously and with overlapping content and interactive elements.
In-Person

## Do participants need to RSVP?

Yes

## How can participants RSVP for this event?

## On ne

## RSVP Link

Requires http:// or https://
https://forms.off ce.com/r/jA2u99mdLa

Where will your in-person event/meeting take place?

Off-Campus

## Event/Meeting Virtual Link and/or In-Person Location

For virtual event/meetings, please enter the link where attendees can access the event/meeting.

For in-person on-campus events/meetings please add the room information where you'll be hosting.

For in-person off-campus events/meetings please add the full address of the venue.

For hybrid events/meetings please enter both the link and the in-person location.
200 Mar na B vd. Berke ey, Ca forn a 94710 USA

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.
$\square$

Officer Contact Phone Number

## Organization Advisor Email

Provide the advisor's Cal State LA email address.


## Organization Advisor Name

Please provide the name of the student organization advisor. Your advisor must be listed in Presence on your roster as the advisor.
$\square$

## Marketing

No publicity may be distributed or posted online or in person until this form has been submitted and approved. All publicity material must comply with University Administrative Procedures AP P003 and AP P007.

## How do you plan on marketing this event?

Other

What other methods of marketing will your organization use?
fyer d str but on

Who is invited to this event?

Ca State LA Commun ty

Will off-campus media be notified about this event?
No

Would you like your graphic to be printed and displayed in the U-SU 2nd floor display cases?

No

Tags
Students can filter events by tags. You may choose multiple tags for a single event.

Dr. Williams Awodeha \& NDC Present:

# DISABILITY JUSTICE TOUR 



## Event Category

Please select ALL of the categories above that best describes your event. Note organization meetings and tabling must also be registered. Educat ona Workshop/Program

## Planned Activities

Will your event have any of the following activities? The University's General Release will be required for certain activities. Domest c Trave

## Will the event have security?

No

## Will food be served at the event?

Food may be served at indoor and outdoor events, so long as the appropriate approval is received via the Temporary Food Permit. Off Campus Event

Will you be requesting funding from Associated Students, Incorporated?

[^0]For more nformat on on Cub and Organ zat on Fund ng p ease vst: https://as ca state a.org/serv ces/c ubs-and-organ zat ons-fund ng. For any other quest ons contact the $V$ ce Pres dent for F nance va ema as vcf@ca state a.edu by ca ng 323-343-4778.

Will the event have an admission charge or registration fee? (Mark "ticket/audience participation fee
under fundraiser)
№

## Fundraising (Proceeds to Benefit)

Fundra ser (Proceeds to Beneft)

## Type of Fundraising Activity

Please mark the most appropriate type of activity that corresponds with your event. No Fundra s ng Act v ty

## Will a movie/show be shown at this event?

Student organizations must purchase the viewing rights or obtain permission from the owner of the movie in order to show movies at student organization events. Additional information about this policy can be found here in the student org handbook.
No

Student Organization Travel

## Domestic Travel Guidelines

1. Student organ zat ons must submt an Event Reg strat on Form at east 10 bus ness days pr or to the $r$ trave dates. Organ zat ons
are encouraged to submt trave event reg strat on forms $n$ advance of the mn mum 10 bus ness day requ rement.
2. Each Cal State LA student who w part c pate $n$th $s$ student organ zat on tr p must revew, comp ete, and $s$ gn the Ind v dua Genera Re ease Form and Emergency Contact Form (both forms are ocated n one fe)
3. Your organ zat on shou d comp ete the genera wa ver and emergency form process frst before comp et ng/submtt ng the Event Reg strat on form.
4. Student organ zat on tr p organ zers must up oad a s gned cop es of both forms for each part c pant pann ng on go ng on the $\operatorname{tr} \mathrm{p}$ when submitting the Event Reg strat on form. Comb ne a forms nto 1 fe for up oad ng.

For more nformat on on Student Organ zat on Trave p ease refer to the Student Organ zat on Handbook.

Individual General Release + Emergency Contact Form*<br>Submit all Individual General Release + Emergency Contact forms for each Cal State LA student attending this trip. Create 1 document with all combined files. See the guidelines above for the direct link to the required form.<br>24eb44b5-be9c-46a1-ac3a-610b3cebf944.pdf

## Alcohol

## Does your organization plan on serving alcohol at this event?

No

## Will the event be held in a restaurant/venue where alcohol is sold/served but will not be a part of your event?

## No

## Acknowledgment

As an officer of this organization, I will take responsibility to ensure that the event that 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.

I understand that submitting this form does not guarantee my event will be approved. I must reserve space with the appropriate venue, submitting this form does not reserve the space.

Signature Pad Field


## Scroll up to submit this form.

## Event Guidelines \& Resources

## Student Organization Event Guidellines

## Event Registration Procedures

The fo owng gu de nes are prov ded for the beneft of the student organ zat on. They are ntended to be fo owed comp ete $y$. Fa ure to comp y wth any of the fo owng gu de nes may resut n dscp nary act on taken aga nst the organ zat on nc ud ng suspens on of recognt on, events and use of fac tes. More nformat on can be found on ne $n$ the Student Organ zat on Handbook.

In comp ance wth Un vers ty gu de nes, Ca State LA student organ zat on events and meet ngs can be held in virtual, in-person, or hybrid modes. Th s app es to the fo owng types of prev ous $y$ he $d$ events and act $v t$ es ncud ng but not m ted to:

- Meetngs
- Tab ng
- Soca events
- Recru tment events
- New membersh p ntake events and processes
- Informat on tab ng or organ zat ona promotons
- Commun ty serv ce or ph anthrop c events
- Organ zat on meet ngs (both off cer meet ngs and genera body meet ngs)
- Workshops, tra n ngs, and speaker events
- Conferences, convent ons, and retreats

Failure to comply with these student organization procedures and requirements could ultimately result in your organization's loss of University recognition and the benefits associated with that status. Furthermore, confirmed student organization procedure violations, including but not limited to event registration, may ultimately lead to individual student conduct proceedings.

Conduct: The organ zat on assumes fu respons b ty for the conduct of part c pants at the event. Any vo at on of Un vers ty po cy may subject the part c pants and/or the organ zat on to $d$ sc $p$ nary act on by the Center for Student Invo vement or the Off ce of the Dean of Students.

General Release Waiver Forms: If your event w requ re the use of genera re ease wa vers pr or to organ zat on member and guest part c pat on, your organ zat on s requ red to comp y wth a nstruct ons prov ded by CSI, nc ud ng submttng a comp eted forms and requested documents.
Alcohol: In accordance wth Adm n strat ve Procedure 019 - A coho c Beverages, any event (on or off campus) that nvo ves the consumpt on of a coho $c$ beverages requ res author zat on from the Un vers ty. Your organ zat on must comp ete and submt a Request to Serve A coho c Beverages form $n$ add ton to th $s$ Event Reg strat on Form. Pease a ow at east 3 weeks for th sform to be rev ewed by the Un versty. Approved a coho consumpt on events and events he $d$ where a coho $s$ ava abe (but $w$ not be consumed) requ re at east two TPS cert fed members and two Sexua M sconduct Prevent on \& Resources Tra ned (SMPRT) members to be $n$ attendance of the ent re event. Add tona gu de nes can be found $n$ the Student Organ zat on Handbook.

Publicity: A pub cty mater a must comp y wth Un versty Admn strat ve Procedures AP P003 and AP P007. A pr nted market ng to be used for market ng reg stered events are requ red to be stamped by CSI pr or to the r approved post ng. Stamps can be obta ned after the event has been reg stered. A pr nted mater a may be posted for up to a per od of fourteen (14) ca endar days. For student organ zat ons, the "POSTING VALID THRU___ " stamp must be cear y v s be on the face of the post ng.

## Student Organization Event Resources

## Additional Required Forms

The fo owng form may be requ red based on your event deta s. If requ red, these comp ete forms must be up oaded at the $t$ me your organ zat on s reg ster ng ts event at east 10 bus ness days pr or to your event date.

- Temporary Food Fac ty Permt


## You're all set,

Hotel Information


DoubleTree by Hilton Hotel Berkeley Marina
200 Marina Blvd. Berkeley, California 94710 USA
+1 510-548-7920

Stay Information
$2 \begin{aligned} & \text { APR } \\ & \text { TUE }\end{aligned}$ APR

Guest information


Check-in: 4:00 PM
Check-out: 12:00 PM

Early check-in cannot be guaranteed. Contact the hotel to inquire about early check-in or late check-out.

8 rooms for 8 adults
Room 1
\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

1 King Bed Standard Ns, Honors Discount Breakfast Included

Room 3 \$667.38

2Dbl 430 Sqft Rm W/balcony, Honors Discount
Breakfast Included

## Room 4

\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

## Room 5

\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

Room 6
\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

Room 7
\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

Room 8
\$608.58
1 King Bed Standard Ns, Honors Discount
Breakfast Included

Total room charge
\$4,927.44
Total taxes
\$650.40

## Payment

## Guarantee policy

There is a Credit Card required for this reservation.
If you use a debit/credit card to check in, a hold may be placed on your card account for the full anticipated amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such hold may not be released for 72 hours from the date of check-out or longer at the discretion of your card issuer.

## Cancellation policy

Free cancellation before 11:59 PM local hotel time on 31 Mar 2024.

At check in, the front desk will verify your check-out date. Rates quoted are based on check-in date and length of stay. Should you choose to depart early, price is subject to change.

We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.

Totals listed here are estimated based on current taxes and exchange rates (if applicable) and do not include additional fees/charges that may be incurred during your stay.

## Optional services for an additional charge

## Self parking

\$35.00 / night

Valet parking
\$37.00 / night

## Pets

Pets allowed, $\$ 75.00$ non-refundable fee, 75 lbs maximum, Pet fee is non-refundable and dogs ONLY

Dr. Williams Awodeha \& NDC Present:

## DISABILITY JUSTICE TOUR



Visit key disability justice sites in the Berkeley area. Learn about disbaility history, pride, and culture!

Interested?

$$
\text { April 2-5, } 2024
$$

Lodging and Transportation provided for students

## JOIN US

https://forms.office.com /r/jA2u99mdLa


[^0]:    For more information on Club and Organization Funding please visit: https://asicalstatela.org/services/clubs-and-organizations-funding Yes

