

# FUNDING REQUEST FORM

## 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: [REDACTED]  
 OFFICER TITLE: [REDACTED]  
 ADDRESS: [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 PHONE: [REDACTED] EMAIL: [REDACTED]  
 SIGNATURE: 

CLUB/ORG: Chicanos for Community Medicine  
 EVENT TITLE: Explore Healthcare Pathways with Dr. P  
 DATE(S) OF EVENT: October 17th SEMESTER: FALL  
 EVENT LOCATION: 5151 State University Dr, Student U+  
 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:  
 This event provided information on Medical school, and introduced them to one of their pre-med advisors, Dr.Park.

HOW WILL THIS PROGRAM ENHANCE THE CAL STATE LA EXPERIENCE?  
 This program will enhance the Cal State LA experience, by providing students more insight on their pathways into med school. We are also creating community and connection with Pre-med students.

## PART 4 - COST BREAKDOWN

HOSPITALITY	DESCRIPTION:	AMOUNT:
	Chicken Sald x 4	30.83
Whole Pep x 2	21.94	

HONORARIA / CONTRACTS	DESCRIPTION:	AMOUNT:
		0

MARKETING	DESCRIPTION:	AMOUNT:

OTHER	DESCRIPTION:	AMOUNT:
	Halloween Bat Clip 4CT x2	2.50
Poinsetta Bush x5	6.25	
2A HRVST BRD x2	11.98	
SISAL ANML PUMPK	9.99	
TSC 18OZ SP WHPMPK	9.99	

## PART 5 - EVENT SUMMARY

TOTAL COST OF THE EVENT 97.55  
 TOTAL REQUESTED FROM ASI 97.55  
 AMOUNT FROM OTHER SOURCES 0

WHAT OTHER RESOURCES ARE YOU EMPLOYING FOR THIS EVENT:

[REDACTED]

### OFFICE USE ONLY

STAFF INITIALS [REDACTED]

TIME STAMP: [REDACTED]



Event Registration

CCM - Explore Healthcare Pathways with Dr. Park

**[APPROVED]**

## Event Tiers and Deadlines

CSI has established event tiers intended to support student organization leaders in identifying the appropriate deadlines to submit event registration forms on Presence to ensure that the student organization advisor, the Center for Student Involvement, and the appropriate space reservations departments have time to review and approve the form.

Note: If applying to ASI for funding for an event, you must ensure to submit your event registration to follow the above deadlines AND that meets the ASI funding deadlines

Reservations for space must be made after the registration is approved. Your space is NOT automatically reserved for you. For full details about each tier and the types of events to correspond please visit the [Student Organization Handbook](#).

1. Tier 1 - Submitted at least **15 business days** in advance: General Meetings & Outdoor Tabling
2. Tier 2 - Submitted at least **20 business days** in advance: Events may include food, amplified sound, external vendors, sales, film/tv screenings
3. Tier 3 - Submitted at least **20 business days** in advance: Events may include recreational activities or other activities that require general release waivers from participants
4. Tier 4 - Submitted at least **20 business days** in advance: Travel off-campus or off-campus fundraisers
5. Tier 5 - Submitted at least **30 business days** in advance: Events include those with the intent to serve alcohol and hosting conferences or competitions of greater than 100 participants

Your event registration will be reviewed and approved based on these tiers and the required timeline.

## Event Information

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

Student Organization

### Host Organization Name

What Organization/Department is hosting the event?

Chicanos For Community Medicine

### Event Name

CCM - Explore Healthcare Pathways with Dr. Park

### Estimated Attendance

Please describe the estimated attendance of participants for this event.

35

### About the event

What is this event about and what activities can you expect to experience there?

Dr. Park will be a guest speaker and give a small presentation introducing members to the med-school process and what it means to be pre-med when there is no major. There will be food available at the beginning of the event for those who come.

## 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

10/17/2024 - 10:30 AM

### End Date/Time

10/17/2024 - 12:30 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?

No

## On Campus Locations

University-Student Union Building

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

On-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.

5154 State University Dr, Los Angeles, CA 90032 - Room 313

## 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 Email

Provide the advisor's Cal State LA email address.

[REDACTED]

### 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.

[REDACTED]

## Collaborations

If this event is a collaboration with either on or off campus organization, please describe in detail the nature of the collaboration.

### Are you collaborating with either an on-campus or off-campus organization?

No

## 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?

We do not plan on marketing this event to anyone outside of the organization.

### Who is invited to this event?

Student organization members

## Will off-campus media be notified about this event?

No

## U-SU Student Organization Display Case

Student Organizations may request flyers be posted to the U-SU Bulletin boards on the 2nd floor of the U-SU.

Flyers must be submitted as 8.5x11 PDF files with a minimum of 300 dpi resolution

Event Flyers must include: host organization name or logo and Event details (name, location, time – or where they can find updates)

Due to limited space in display cases, CSI and Graffix reserve the right to limit the time frame in which a graphic is on display. Graphics will be printed and displayed on a first come first served basis, if there is insufficient space, a graphic may not be posted despite meeting the outlined requirements.

Submit your graphic to be printed and displayed on the "U-SU Display Case Request" Form found here:  
<https://calstatela.presence.io/form/u-su-display-case-request>

## Tags

CAREER/PROFESSIONAL DEVELOPMENT

FREE FOOD

LECTURE/SPEAKER

## Cover Image

Please select an image that corresponds to your event. This will be the image visible on Presence. It CAN be your event flyer, but does not have to be.



## Event Details

### Event Category

Please select ALL of the categories above that best describes your event. Note organization meetings and tabling must also be registered.  
Guest Speaker(s)

### Planned Activities

Will your event have any of the following activities? The University's General Release will be required for certain activities.  
Not Applicable

### Will the event have security?

No

### Please list the name(s) of your invited guest speaker(s).

Dr. Hyunsook Park

### 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.  
Yes

### Who will be providing the food?

## Temporary Food Facility Form Upload\*

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

Check the resources section below for a link to the form.

[e77d5f0a-17cf-44f8-b00c-be620d36466b.pdf](#)

## Funding

### What funding source is being used for this event?

Organizations may apply for ASI funding and use existing funds for 1 event. Mark all options that apply.

Only organizations with approved exemptions may bank off campus. All others must bank through ASI.

ASI funding (new request for funds)

For more information on Recognized Student Organization Funding and Banking please visit: <https://asicalstatela.org/recognized-student-organizations>. For any other questions contact the Vice President for Finance via email [asivpf@calstatela.edu](mailto:asivpf@calstatela.edu) by calling 323-343-4778.

### Will the event have an admission charge or registration fee? (Mark "ticket/audience participation fee under fundraiser)

No

## Fundraising (Proceeds to Benefit)

Fundraiser (Proceeds to Benefit)

### Type of Fundraising Activity

Please mark the most appropriate type of activity that corresponds with your event.

No Fundraising Activity

### 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

## 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

A handwritten signature in black ink, appearing to read 'A. Roberts', is written over a large, faint, light-colored signature pad area.

**Scroll up to submit this form.**

## Event Guidelines & Resources

### Student Organization Event Guidelines

#### Event Registration Procedures

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](#).

In compliance with [University](#) guidelines, Cal State LA student organization events and meetings **can be held in virtual, in-person, or hybrid modes**. This applies to the following types of previously held events and activities including but not limited to:

- Meetings
- Tabling
- Social events
- Recruitment events
- New membership intake events and processes
- Information tabling or organizational promotions
- Community service or philanthropic events
- Organization meetings (both officer meetings and general body meetings)
- Workshops, trainings, and speaker events
- Conferences, conventions, 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 organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may





## Temporary Food Permit Request Application (Student Organizations)

All Cal State LA students, faculty, staff, and affiliates must obtain a Temporary Food Permit whenever food or beverages are distributed or sold to the public on campus. We regulate the food or beverages given out or sold at community events on campus to protect health, prevent disease, and promote healthy practices among the public.

Please submit your Temporary Food Permit Request Application as soon as possible or at a **minimum of 14 days** prior to event date to allow adequate time for processing.

**Note:** This application is valid only for events at Cal State LA where food will be sold or given away to the general public.

**Event Information:**

Name of Student Organization: Chicanos for Community Medicine

Event Name/Title: Meeting with Dr. Park

Event Location: U-SU San Gabriel Room

Event Start Date: 10/17/2024 Event End Date: 10/17/2024 Hours of Operation: 11am-12pm

Contact Name: [REDACTED] Email: [REDACTED] Phone: [REDACTED]

**Food Handler(s) Information:**

 **Food Handler Certificate(s)**

Please attach a copy of all current Food Handler Certificate(s) with this application. If you do not already have one, please complete the Food Safety and Handling training and attach the certificate. For additional food handler names, you may add them on a separate page and include it as an attachment.

**Note:** At a minimum, two (2) persons with a current Food Handler Certification is required to be present at your event **at all times**. You are required to retain a physical copy of your Food Handler Certificate while operating your event.

Name of Certified Food Handler: [REDACTED] Email: [REDACTED]

Name of Certified Food Handler: [REDACTED] Email: [REDACTED]

**Food Type/Source Information:**  Snack Sale  Food Sale  Catering  Other: Purchased by Students for handout

List exact food/beverage(s) that will be sold/served, including ingredients: Pizza (dough, cheese, tomato sauce, pepperoni), salad (lettuce, chicken, ceasar dressing) , and bottled water

Will alcohol be served/sold?  Yes  No **Note:** If alcohol is being served/sold a permit must be on file and shown upon request.

How will the food be protected or stored at proper temperatures? Boxes will remain closed and/or sealed while not being served

Provide the name(s) & address where food/ingredients will be purchased (e.g. Restaurant / Caterer / Store / Market).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For more locations, add them on a page as and attach it.*



### Catering/Vendor Information:



If you intend to use a licensed vendor to provide food at this event, please attach the following documents:

- County of Los Angeles Public Health Permit
- Business License
- Sellers Permit
- Certificate of Liability Insurance

**Agreement:** For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall complete the online Food Safety and Handling Training prior to selling/offering food, and agree to read, understand, and comply with the Cal State LA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

**Insurance (for Student Organizations Only):** Student Organizations registered with Student Life and in good standing are automatically covered under the CSU Club Liability Insurance Program (CLIP). If a Certificate of Insurance is required, the Student Organization should contact Risk Management – EH&S for more information.

No liability will be assumed by Cal State LA, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community.

	<u><i>Alyssa Abasto</i></u>	09/23/2024
1. Name of Student Organization Requestor	Signature	DATE
Fabiola Avina		09/25/2024
2. Name of Center for Student Involvement Approver (USU 204) (Student Organizations Only)	Signature	DATE
danielkeenan	<u><i>danielkeenan</i></u> <small>danielkeenan (Sep 25, 2024 14:07 PDT)</small>	09/25/2024
3. Name of University Auxiliary Services, Inc. Approver (Golden Eagle Bldg. 314)	Signature	DATE
Fernando Benitez	<u><i>Fernando Benitez</i></u> <small>Fernando Benitez (Sep 25, 2024 14:17 PDT)</small>	09/25/2024
4. Name of Environmental Health & Safety Approver (Corporation Yard Bldg. 244)	Signature	DATE



# DOLLAR TREE

Store# 6084  
10639 Sepulveda Blvd  
Mission Hills CA 91345-1918

(818) 672-4129

DESCRIPTION	QTY	PRICE	TOTAL
HALLOWEEN BAT CLIP 9CT	1	1.25	1.25T
HALLOWEEN BAT CLIP 9CT	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
POINSETTIA BUSH X 7 ARTFCL	1	1.25	1.25T
Bag Fee	1	0.10	0.10N

Sub Total \$8.85  
 SALES TAX \$0.83  
 Total \$9.68  
 Discover Card \$9.68  
 \*\*\*\*\*1664 Approved  
 Purchase Contactless  
 Auth/Trace Number: 01495R/014078

NOW SHOP ON-LINE AT DOLLARTREE.COM

3720 06084 01 010 27921953 10/14/24 14:38  
Sales Associate: America



# COSTCO

## WHOLESALE

Alhambra #428

2207 W. Commonwealth

Alhambra, CA 91803

(626) 289-7164

Order Number:  
577

CN Member 111976936014

2 @ 9.95

1184862 WHOLE PEP

19.90 A

TAX

2.04

\*\*\*\* TOTAL

21.94

XXXXXXXXXXXX0342

AID: A0000000042203 VERIFIED BY PIN

Seq# 233228 App#: 54 252

EFT/Debit Resp: APPROVED

Tran ID#: 429100233228....

APPROVED - Purchase

AMOUNT: \$21.94

10/17/2024 11:30 428 233 2 733

EFT/Debit

21.94

CHANGE

0.00

A 10.25%

2.04

TOTAL TAX

2.04

TOTAL NUMBER OF ITEMS SOLD = 2

10/17/2024 11:30 428 233 21 733

OP#: 733 Name: Kiosk User 733



# COSTCO

## WHOLESALE

Alhambra #428  
2207 W. Commonwealth  
Alhambra, CA 91803  
(626) 289-7164

Order Number:  
**557**

CN Member 111976936014

4 @ 6.99

1184840 CHIX CAESAR

27.96 A

TAX

2.87

\*\*\*\* TOTAL

**30.83**

XXXXXXXXXXXX0342

H

AID: A0000000042203 VERIFIED BY PIN

Seq# 233225

App#: 536371

EFT/Debit

Resp: APPROVED

Tran ID#: 429100233225....

APPROVED - Purchase

AMOUNT: \$30.83

10/17/2024 11:23 428 233 18 733

EFT/Debit  
CHANGE

30.83

0.00

A 10.25%

TOTAL TAX

2.87

2.87

TOTAL NUMBER OF ITEMS SOLD = 4

10/17/2024 11:23 428 233 18 733

OP#: 733 Name: Kiosk User 733



# CVS pharmacy

7101 ATLANTIC AVE, BELL, CA  
(323) 773-2025

REG#02 TRN#8040 CSHR#0714387 STR#8858

Helped by: WALTER

1	.10 BAG FEE	EACH	10N
1	2A HRVST BRD TBLTP 48AB		5.99T
1	2A HRVST BRD TBLTP 48AB		5.99T
1	SISAL ANML PUMPK	EACH	9.99T
1	TSC 18JZ SP WHPMPK 18Z		9.99T

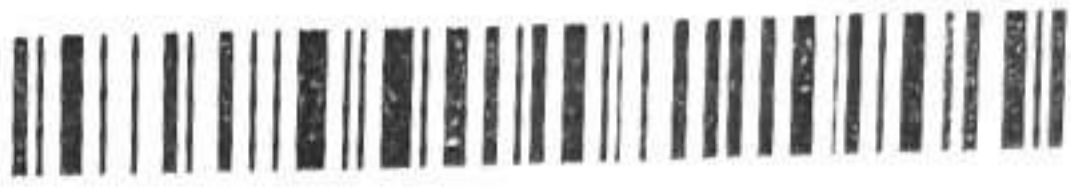
5 ITEMS

Survey ID #  
0911 9896 1931 091 61

SUBTOTAL	32.06
CA 9.5% TAX	3.04
TOTAL	35.10
CHARGE	35.10

CAPITAL CNE	*****0832	CH	*****0832
APPROVED# 04305Z		REF#	020403
TRAN TYPE: SALE		AID:	A0000000041010
TC: 68A865CDF6A9C703		TERMINAL#	
NO SIGNATURE REQUIRED		CVM:	1E0300
TVR(95): 0000008000		TSI(9B):	E800

CHANGE .00



3508 8584 2918 0400 25  
Returns with receipt, subject to  
CVS Return Policy, thru 12/16/2024  
Refund amount is based on price  
after all coupons and discounts.

OCTOBER 17, 2024 12:53 AM



Schedule your flu and COVID-19 vaccines.  
Beat the rush and book your vaccine today  
for an appointment this fall.

Scan the QR to schedule your vaccination.



## GET YOUR CVS EXTRACARE CARD

\*\*\*\*\*

We would love to hear your feedback  
on your recent experience with us.  
This survey will take only  
1 minute to complete.

# Share Your Feedback

[www.CVSHealthSurvey.com](http://www.CVSHealthSurvey.com)

Nos encantaría escuchar los  
comentarios sobre su reciente  
experiencia con nosotros. Esta  
encuesta tomará solo 1 minuto  
para completarse.

## Comparta sus comentarios

[www.CVSHealthSurvey.com](http://www.CVSHealthSurvey.com)

\*\*\*\*\*

THANK YOU SHOP 24 HOURS AT CVS.COM

# Chicanos for Community Medicine! CCM



## Our Mission:

Chicanos/Latinos for Community Medicine (CCM) is a pre-med professional student organization open to all interested in learning more about the health care field. We aim to empower students from disadvantaged backgrounds in their pre-med careers and create community oriented healthcare leaders by connecting members with pre-med events, advising, and opportunities.

## Get Involved:

Join us in building a supportive community and advancing your path to a career in healthcare.



## Contact us:



ccmeagles@gmail.com



ccm\_eagles\_2024

## Meeting time:



Tuesdays & Thursdays



9:00 AM – 12:00 PM

