



# Associated Students, Inc.

## 2017-18 Multiple Club

### Funding Request Form

"...For the Students, by the Students"

- Necessary Documents:**
- Event Flyer w/ A.S.I. logo
  - CSI Event Reg. Form
  - Food Permit
  - Event Estimates/Quotes
  - Cosponsor Agreement Form

#### Contact

Officer Name: \_\_\_\_\_  
 Officer Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone & Email: \_\_\_\_\_  
 Officer Signature: \_\_\_\_\_

#### Lead Organization

Lead Club/Organization: \_\_\_\_\_  
 Event Title: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Location of Event: \_\_\_\_\_  
 Exp. Total Attendance: \_\_\_\_\_ %: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Exp. Attendance of CSULA Students: \_\_\_\_\_

Will multiple clubs be splitting the cost?:  YES  NO

Club/Organization B: \_\_\_\_\_  
 Contact: \_\_\_\_\_ %: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Club/Organization C: \_\_\_\_\_  
 Contact: \_\_\_\_\_ %: \_\_\_\_\_ Amount: \_\_\_\_\_

#### Event Description

Briefly describe the event: \_\_\_\_\_  
 \_\_\_\_\_  
 How will this program enhance the Cal State L.A. experience?: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the event open to all Cal State L.A. students?: \_\_\_\_\_

#### For Office Use Only • Do Not Write Below

#### Approved Amounts

Hospitality: \_\_\_\_\_ Proposal Number: \_\_\_\_\_  
 Honorarium/ RPP Deadline: \_\_\_\_\_  
 Contracts: \_\_\_\_\_ Funds Expire: \_\_\_\_\_  
 Marketing: \_\_\_\_\_ Recognized?: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 U-SU: \_\_\_\_\_  BOD /  Finance  
 Total: \_\_\_\_\_ Account: \_\_\_\_\_

**Important:** (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally all paperwork must be submitted no less than 10 business day (2 weeks) prior to the event. (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

#### Total Cost Breakdown

##### Honoraria

Description	Amount

##### Marketing

Description	Amount

##### Hospitality

Description	Amount

##### Other

Description	Amount

#### Event Summary

Total Cost of Event: \_\_\_\_\_  
 Amount Requested from A.S.I.: \_\_\_\_\_  
 Amount from other sources: \_\_\_\_\_  
 What other resources are you employing for this event?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Multiple Club/Organization-COSPONSOR AGREEMENT FORM

Please submit this form with the Funding Request Form if the Event is hosted by multiple clubs. Only clubs recognized by CSI may be listed. All percentages must add up to 100%. If any of the stated percentages are not approved by a signature of the club's president, your Funding Request will be postponed until this form is completed.

Event Name		Event Date	
Event Total Cost		Amount Requested of A.S.I.	

<b>LEAD CLUB &amp; ORGANIZATION:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

<b>CLUB &amp; ORGANIZATION B:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

<b>CLUB &amp; ORGANIZATION C:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

<b>CLUB &amp; ORGANIZATION D:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

<b>CLUB &amp; ORGANIZATION E:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

<b>CLUB &amp; ORGANIZATION F:</b>		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:			
PRESIDENT'S SIGNATURE:			

Total Percentage:

Total Amount to be Awarded
