



Associated Students, Inc.

Funding Request Form

2017-18

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

Necessary Documents:

- Event Flyer w/ A.S.I. Logo
- CSI Event Reg. Form
- Estimates / Food Permits
- Event Estimates / Invoices

Contact

Officer Name:

Officer Title:

Address:

City/State/Zip:

Phone & Email:

Officer Signature:

Organization

Club/Organization: Gravitas Animation Society

Event Title: Animation Option Visiting Artist

Date(s) of Event: 3/16/2018 Semester Spring Select One Fall Spring

Location of Event: Univ. Student Union - Montebello Room 32

Expected Total Attendance: _____

Expected Attendance of Cal State LA Students: 25

Event Description and Total Cost Breakdown

Briefly describe the event:

Visiting artist Angela Stempel will present a lecture on her work and experience with animation.

Is the event open to all Cal State LA students?: No Select One Yes No

How will this program enhance the Cal State LA experience?:
By giving students a realistic view of where their major could take them in the animation industry.

Hospitality

Description	Amount

Honoraria/Contracts

Description	Amount
<u>Visiting Artist: Angela Stempel</u>	<u>\$150.00</u>

Marketing

Description	Amount

Other

Description	Amount

Event Summary

Total Cost of Event: \$0.00

Amount Requested from A.S.I.: \$150.00

Amount from other sources: _____

What other resources are you employing for this event?

18 FEB 9 PM 1:41:20

For Office Use Only • Do Not Write Below

Important:

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

All forms must have a Time Stamp and

staff initial:

STUDENT ORGANIZATION EVENT REGISTRATION FORM



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: Gravitas Animation Society PHONE: _____
 EVENT CONTACT NAME: ZACHARY ZEZIMA + Roxana Janczyk
 NAME OF EVENT: ANGELA STEMPER VISITING ARTIST LOCATION: Pasadena room
 EVENT DATE: March 6th BEGIN TIME: 4:15 pm END TIME: 6:30 pm ESTIMATED ATTENDANCE: 20

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

BENEFITS TO PROCEED	<input checked="" type="radio"/> EDUCATIONAL PROGRAM	SPIRITUAL PROGRAM	RECREATIONAL PROGRAM
DANCE/PARTY	SOCIAL PROGRAM	COMMUNITY SERVICE	CONFERENCE/CONVENTION
OTHER: _____			

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> SPORTS ACTIVITY OR COMPETITION	<input type="checkbox"/> FOREST/PARK CLEAN-UP	<input type="checkbox"/> INTERNATIONAL TRAVEL
<input type="checkbox"/> BEACH CLEAN-UP	<input type="checkbox"/> INDOOR/OUTDOOR COOKING	<input type="checkbox"/> DOMESTIC TRAVEL
<input type="checkbox"/> BEACH BONFIRE		

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

visiting artist will present lecture on her work and experiences.

WHO IS INVITED (CHECK ALL THAT APPLY):

STUDENT ORG. MEMBERS CAL STATE LA COMMUNITY OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement. NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) NO YES

WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT? NO YES
 IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: _____

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

WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? YES Initials _____
 If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? NO YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

RECEIVED

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

PRESIDENT: Roxana Jonczyk SIGNATURE: [Signature] DATE: 1/29/18
 TREASURER: John Woster SIGNATURE: [Signature] DATE: 1/29/18

EVENT GUIDELINES

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.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.
- ALCOHOL:** In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TIPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State LA."
- GENERAL RELEASE:** If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

MY SIGNATURE BELOW INDICATES THAT 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.

STUDENT ORG. OFFICER'S NAME: Roxana Jonczyk SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): [Signature] DATE: 1/29/18
 ADVISOR'S NAME: ZACHARY ZEUMA SIGNATURE: [Signature] DATE: 1/29/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 2/2/18
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY
 ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED: _____

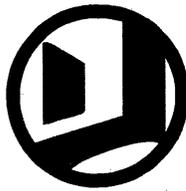
NOTIFICATIONS:

- PUBLIC AFFAIRS DATE: _____
- DEPT. OF PUBLIC SAFETY DATE: _____
- ATHLETICS DATE: _____
- FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:

RECEIVED FEB 2 2018

CHI 1714



CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY
STUDENT UNION

MEETING ROOM REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive, Rm # 107
Los Angeles, CA 90032-8636
Phone: (323) 343-2465 Fax (323) 343-2454

Type of Sponsor: Recognized Club/Org Cal State LA Department Off-Campus Other

Organization Name: Gravitas Animation Society

Reservation Contact: Roxana Jonczyk

Phone Number: _____

Email: _____

Date of Event*: March 6th

Title of Event: Animation Option Visiting Artists

Access Start Time: 4pm

Event Start Time: 4:15pm

Event End Time: 6:30pm

Access End time: 6:45pm

Event Contact: Zachary zezima

Phone Number: _____

Faculty/Staff Advisors Name: Zachary zezima

Extension: _____

If you represent an off campus organization, please provide your billing address:

Street Address: _____

City/State/Zip Code: _____

SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes If YES, sponsor must name the University-Student Union, the State of California, the Trustee of the California State University, the California State University, Los Angeles, and their officers, agents, employees and volunteers as additional insured. The general liability limit must be of no less than one million dollars (\$1,000,000).

No If NO, sponsor will be required to complete Event Insurance Assessment Form (Schedule B).

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details:

Registration, admission fees, or donations are being accepted:

YES NO

If so, please specify amount: \$ _____

There will be guest participants that are 51% from off-campus:

YES NO

There will be vendors fair or exhibitors as part of this event:

YES NO

Alcohol will be served:

YES NO

If so, an approved request to serve Alcoholic Beverages form must be submitted.

Food will be served:

YES NO

If so, who is providing? _____

This event is directly related to the educational mission of the University:

YES NO

This event is sponsored or promoted by a non-University or off-campus organization:

YES NO

This event is a profit-making venture (i.e. product show, or solicitation of goods or services):

YES NO

Decorations, banners, or signs will be displayed:

YES NO

If yes, please describe: _____

The media will be notified about the event (newspapers, television, radio stations etc.):

YES NO

A movie/film/documentary will be shown at this event:

YES NO

If so, viewing rights must be provided before event can be confirmed.

This event is co-sponsored by the University-Student Union:

YES NO

If so, specify: CCC CSI Other: _____

EVENT LOCATION ** Indicates Multi-Media Room (See back for details)

U-SU Theatre 106**

Alhambra Room 305**

Los Angeles Room 308A**

Montebello Room 309

Boardroom South 303A

Pasadena Room 307

Los Angeles Room 308B**

El Monte Room 311

Boardroom North 303B**

Los Angeles Room 308ABC**

Los Angeles Room 308C**

San Gabriel Room 313**

Boardroom North & South 303**

Los Angeles Room 308BC**

PREFERRED ROOM SET UP

Theatre Style

Banquet Style

Reception Style

Expected Attendance

Setup Count: 32

Conference Style

Classroom Style

Discussion Circle

Specialized

(For specialized setups, sponsors will need to meet with a coordinator for more details.)

ADDITIONAL EQUIPMENT

- For additional details such as panels, food tables, information tables, easels, please provide more information below.

Dry/Erase Markers

Riser Staging

Easel (up to 4) _____

Tables _____

Chairs _____

Cocktail Tables _____

NOTES :

Requestor's Signature: _____

Date: 2/2/18

Before you sign, please review your information at the front/back of this page to ensure accuracy.



ASSOCIATED STUDENTS, INC.
THE OFFERING AND OFFERING PRESENTED THROUGH
THE ASSOCIATED STUDENTS OF CALIFORNIA STATE COLLEGE

THE ANIMATION OPTION

VISITING ARTIST SERIES

BROUGHT TO YOU BY THE
GRAVITAS ANIMATION SOCIETY
~ PRESENTS ~

ANGELA STEMPEL

TUESDAY

lecture & screening

MAR 06

5pm-6:45pm Montebello Room
University-Student Union • 3rd floor

The 2018 Visiting Artist Series commits to inviting accomplished artists to Cal State LA to share their artistic experiences with students. Angela Stempel is a Venezuelan-American animator and curator for the all-female collection of **Bad Women**. She will be screening her work and lecturing on her experiences as an independent animator who dabbles in the commercial and studio world. Come join us as we reflect on Angela's body of work — and how its relevance applies to aspiring artists on campus!

Honorarium

Inbox x

CSULA x



Zachary Zezima <zzezima@calstatela.edu>

9:15 PM (29 minutes ago)



to Angela ▾

Hi Angela,

I just wanted to contact you and finalize the honorarium for your visit on March 6th. It looks like \$150 is what we can offer within our budget. Will that work for you? Thanks, let me know!

Zack



Angela Stempel

9:40 PM (4 minutes ago)



to Zachary ▾

Yes, that works for me.

Thanks Zack!

Best,

Angela