



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: Student Dietetic Association
Event Title: National Nutrition Month
Date(s) of Event: 3/7/18 Semester Spring
Location of Event: Library North - Main Walkway
Expected Total Attendance: ~600 people
Expected Attendance of Cal State LA Students: ~500 students

Event Description and Total Cost Breakdown

Briefly describe the event:

Our event was created to educate CSULA students and faculties about nutrition and healthy living. We will focus on the importance of making informed food choices, develop sound eating, and physical activity. We will also give out nutritious snacks to participants.

Is the event open to all Cal State LA students?: Yes

How will this program enhance the Cal State LA experience?:

This event was created to educate the Cal State LA campus about nutrition and overall health. By educating CSULA students and faculties, we hope to build a stronger community through nutrition.

Hospitality

Description	Amount
Food	\$340.00
Lunch Bag	\$9.99
2 Towels	\$5.98
2 Nestle Water Cases	\$6.58

Honoraria/Contracts

Description	Amount
My Fiesta Supplies Rental	\$127.00
Ballpoint Pen	\$2.19
Tax @ 9.50% from Target + Other Target	\$3.42
CA Redem Val	\$2.80

Marketing

Description	Amount
Service Charge	\$57.80
Taxes	\$37.79
Tax @ 9.50%	\$12.07
Shipping	\$50.00

Other

Description	Amount
Jump Rope	\$10.39
Adhesive Pad (Sticky Notes)	\$3.49
Craft Ribbon	\$2.99
Gift Wrap	\$0.90

Event Summary

Total Cost of Event: \$673.39
Amount Requested from A.S.I.: \$673.39
Amount from other sources: \$0.00

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.*

What other resources are you employing for this event?

All forms must have a Time Stamp and

staff initial:

18 FEB 15 PM 10:30:59

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



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: Student Dietetic Association PHONE: _____ DATE: 12/4/17

EVENT CONTACT NAME: Danielle Nava EMAIL: _____

NAME OF EVENT: National Nutrition Month LOCATION: Library North - Main Walkway

EVENT DATE: 3/7/18 BEGIN TIME: 10:00 AM END TIME: 3:00 PM ESTIMATED ATTENDANCE: 75

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

- BENEFITS TO PROCEED 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)

- SPORTS ACTIVITY OR COMPETITION FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL
 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

We (SDA) host National Nutrition Month annually in March to bring nutrition education and information to our campus. It focuses on the importance of making informed food choices, developing sound eating, and physical activity habits. We will have various booths set up educating our students on different nutrition, food, and overall health topics. Free giveaways will be provided.

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: COSTCO

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? NO YES Initials _____ PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
If so, please affirm organization members and guests will not consume alcohol.

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
12/8/17 ME

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: Danielle Nava SIGNATURE: [Signature] DATE: 12/4/17
TREASURER: Jia Guillermo SIGNATURE: [Signature] DATE: 12/4/17

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: Danielle Nava SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): [Signature] DATE: 12/4/17
ADVISOR'S NAME: Kathryn Hillstrom SIGNATURE: [Signature] DATE: 11/7/17

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

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

NOTES OR UPDATES:

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 3/7/18 Estimated Attendance: 75

Name of Event: National Nutrition Month

Type of Event: Educational Location: In front of Library

Sponsoring Organization: Student Dietetic Association

Authorized Representative: Ashley Beltran Phone: _____ Fax: _____

Time:

Access Time: _____ a.m./p.m. to _____ a.m./p.m.

Event Time: _____ a.m./p.m. to _____ a.m./p.m.

Type of Food Service:

- Bake Sale
- Snacks
- Food Sale
- Catering
- Barbecue
- Potluck
- Other (describe below)

(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)

Describe Other: Free Food distribution, bananas, apples, oranges, protein bars

List all food and potentially hazardous food (see Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. N/A

Where will this food be prepared or purchased [Note no Home Baked/Cooked Items are Allowed]? COSTCO

List all beverages to be sold/served: Water bottles

Where will beverages be prepared or purchased? COSTCO

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: N/A

Agreement: For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA 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: (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations 1, 3 and 4 only.

1. Signature of Sponsoring Organization Chairperson Ashley Beltran Authorized Representative to be present at event
2. Center for Student Involvement (UU 204) (Student Organizations Only) [Signature] Date 12/6/17
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314) [Signature] Date 12/7/17
4. Environmental Health & Safety (Corporate Yard Bldg. 244) [Signature] Permit No. #18-005 Date 12/7/17

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12/5/17 ME

THE STUDENT DIETETIC ASSOCIATION
PRESENTS...

National Nutrition Month!

COME JOIN US FOR NUTRITION AND HEALTH TOPICS, FREE
SNACKS, FUN ACTIVITIES, GIVEAWAYS, RAFFLES, AND MORE!

MARCH 7, 2018
10:00 AM - 3:00 PM

LIBRARY (NORTH)-MAIN WALKWAY SIDE





Golden
Eagle
Hospitality

for: Event # E32330
on: Wednesday, March 07, 2018

Client/Organization Student Dietetic Association	Event Date 3/7/2018 (Wed)	Booking Contact Danielle Nava	Event # E32330
Address 5151 State University Drive, P.E. 206		City, St/Prov Postal Los Angeles, CA 90032	Ranking Tel Guests 300 (Act)
Party Name National Nutrition Month	Sales Rep Amanda Tapia	Theme	Category

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		9:45 am	10:00 am	Off-Site	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to Library-North Main Walkway -for 10:00am **Look for Student Dietetic Association Booth** **Provide Serving Utensils** (4) Large - Fresh Fruit Salad (75-100pp)	Bowl(s)	85.00	340.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	340.00	0.00	0.00	0.00	0.00	0.00	0.00	340.00
Service Charge	57.80	0.00	0.00	0.00	0.00	0.00	0.00	57.80
Taxes	37.79	0.00	0.00	0.00	0.00	0.00	0.00	37.79
Total	435.59	0.00	0.00	0.00	0.00	0.00	0.00	435.59

Subtotal	340.00	Paid	0.00
Tax	37.79	Balance	435.59
Service Charge	57.80		
Total Value	435.59		

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: _____
(Please sign & date all pages)

1305 CRYSTAL STREET
LOS ANGELES, CA 90031

Invoice No: 3506
Date: 2/14/2018
Terms: Net 00

Order No:

myfiestasupplies@sbcglobal.net
www.myfiestasupplies.com

Bill To:
California State University Los Angeles
Student Dietetic Association
5151 state university dr
Los Angeles, Ca 90032

Ship To:
Ashley J. Beltran
Event Coordinator

Ship Date Set-up Time <DeliveryTime>
3/7/2018

Color Scheme from 10-3
Theme 'Note National Nutrition month event

Code	Description	Qty/Hours	Rate	Amount
	10x10 pop up canopy (weights and set up included)	1.00	\$40.00	\$40.00
	6' banquet tables	10.00	\$6.00	\$60.00
	Standard White Folding chair	20.00	\$0.80	\$16.00
	Single balloons 11"	10.00	\$1.10	\$11.00
	Set up Include (8am)	1.00	\$0.00	\$0.00

* Indicates non-taxable item

Subtotal	\$127.00
Tax (9.50%)	\$12.07
Shipping	\$50.00
Total	\$189.07
Deposit	\$0.00
Balance Due	\$189.07



ALHAMBRA - 626-308-3290
02/07/2018 08:14 PM EXPIRES 05/08/18



HOME
064031057 BATH TOWEL T \$2.99
064031067 BATH TOWEL T \$2.99

LUGGAGE
069051513 LUNCH BAG T \$9.99

SEASONAL
082024103 SELF JUMP RO T \$10.39 ↓
Saved \$2.60 off \$12.99

STATIONERY-OFFICE
J81021245 BALLPNT PEN T \$2.19
J81060262 ADHESIVE PAD T \$3.49
J81223117 CRAFT RIBBON T \$2.99

SUBTOTAL \$35.03
T = CA TAX 9.5000% on \$35.03 \$3.33
TOTAL \$38.36

*6889 DEBIT TOTAL PAYMENT \$38.36
AID: A0000000980840
US DEBIT

↓ INDICATES SAVINGS

TOTAL SAVINGS THIS TRIP
\$2.60

REC#2-8038-0184-0074-1699-7 VCD#750-284-445



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informtarget.com
User ID: 7196 1981 6992
Password: 583 003

CUENTENOS EN ESPAÑOL

Please take this survey within 7 days.



330 N. Atlantic Blvd
(626) 289-0261
Your cashier was Yi L

2 @ 3.99
NSTL WATER RC 6.58 F
2 @ 1.40
CA REDEM VAL 2.80 F
SC RALPHS SAVED YOU 1.40
RALPHS rewards CUSTOMER *****1973
TAX 0.00
**** BALANCE 9.38

US DEBIT Purchase
*****6889 - C
REF#: 00000 TOTAL: 9.38
PURCHASE: 9.38 CASHBACK: 0.00
AID: A0000000980840
TC: 27D94DE49161834A
VERIFIED BY PIN

DEBIT 9.38
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 4
RALPHS rewards SAVINGS \$ 1.
TOTAL COUPONS \$ 1.40

02/07/18 05:59pm 715 9 664 114
FEBRUARY FUEL POINTS
REDEEM 100PTS TO SAVE .10 PER GAL.
ON ONE PURCHASE OF UP TO 35 GAL.
SAVE UP TO \$1 PER GAL AT RALPHS
OR SHELL ON 1 FILL-UP.

FUEL POINTS THIS ORDER = 9
FUEL POINTS THIS MONTH = 1197

THIS MONTHS POINTS EXPIRE 3/31/18.
VISIT WWW.RALPHS.COM FOR DETAILS

NEAREST PARTICIPATING LOCATIONS
SHELL COMPANY (1.13 mi.)
306 E GARVEY AVE
MONTEREY PARK, CA 91755

SHELL COMPANY (1.59 mi.)
1401 S GARFIELD AVENUE
ALHAMBRA, CA 91801
Participating locations subject
to change

With Card & Coupons
VERIFIED TOTAL SAVINGS \$ 1.40

MGR: ROSA GONZALEZ (626) 289-0261
THANK YOU FOR SHOPPING AT RALPHS!

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LOS ANGELES EAGLE ROCK - 323-258-1355
02/07/2018 10:30 PM EXPIRES 05/08/18



STATIONERY-OFFICE

053020208 GIFT WRAP T \$0.90

SUBTOTAL \$0.90

T = CA TAX 9.5000% on \$0.90 \$0.09

TOTAL \$0.99

CASH PAYMENT \$1.00

CHANGE DUE \$0.01

REC#2-8038-1408-0077-0360-2 VCD#754-289-969



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trips are alike.
Share feedback.



Help make your Target Run better.
Take a 2 minute survey about today's trip:

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User ID: 7196 1859 2992

Password: 296 398

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Please take this survey within 7 days.