

ASI Associated Students, Inc.

Funding Request Form

2018-19

...For the Students, by the Students!

- Necessary Documents:**
- Event Flyer w/ ASI Logo
 - CSI Event Reg. Form
 - Estimates / Food Permits
 - Event Estimates / Invoices

Contact

Officer Name: _____
 Officer Title: _____
 Address: _____
 City/State/Zip: _____
 Phone & Email: _____
 Officer Signature: [Signature]

Organization

Club/Organization: Chemistry & Biochemistry Club
 Event Title: Election Social
 Date(s) of Event: Friday, March 15, 2019 Semester Select One... Spring
 Location of Event: Los Angeles BC
 Expected Total Attendance: 50
 Expected Attendance of Cal State LA Students: 50

Event Description and Total Cost Breakdown

Briefly describe the event:

The club is hosting an election social where food will be distributed to whom attend. Club members will be able to socialize with potential board members for the next academic year.

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

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

We want students, especially STEM student majors, to get involved in clubs like ours. We hope to encourage them that participate leadership and student government.

Hospitality

Description	Amount

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
Club Shirts	\$832.50

Other

Description	Amount
UAS Banquet Order	\$494.53

Event Summary

For Office Use Only • Do Not Write Below

Total Cost of Event: \$1,327.03

Amount Requested from ASI: \$1,327.03

Amount from other sources: _____

What other resources are you employing for this event?

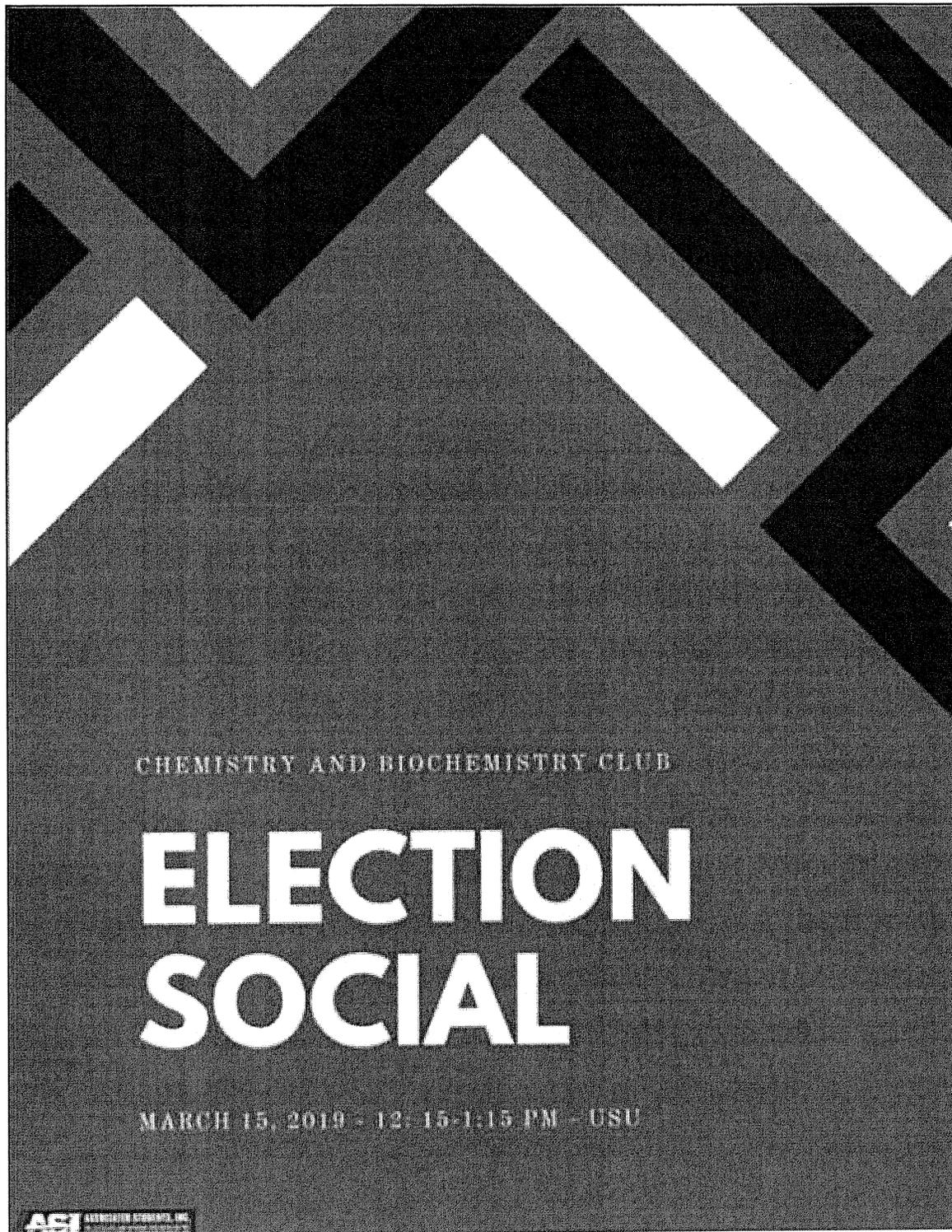
Important:

- (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: SK
W

'19 FEB 14 11:32:00



CHEMISTRY AND BIOCHEMISTRY CLUB

ELECTION SOCIAL

MARCH 15, 2019 - 12:15-1:15 PM - USU

ASI ASSOCIATED STUDENTS, INC.
UNIVERSITY OF SOUTHERN UTAH



RECEIVED FEB 01 2019
 CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY
STUDENT UNION

(0) 10:34

NP

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: Chemistry & Biochemistry Club

Phone Number: [Redacted]

Date of Event: March 15, 2014

Reservation Contact: [Redacted]

Email: [Redacted]

Title of Event: Election Social

Access Start Time: 12:00 PM Event Start Time: 12:15 PM Event End Time: 2:15 PM Access End time: 2:30PM

Event Contact: [Redacted] Phone Number: [Redacted]

Faculty/Staff Advisors Name: [Redacted] Extension: 2314

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: (Additional fees may apply)

Registration, admission fees, or donations are being accepted: YES NO If so, please specify amount: \$ _____

There will be guests/participants that will be 51% or more from off-campus: YES NO

There will be a vendors fair or exhibitors as part of this event: YES NO If so, specify: _____

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? UAS Catering.

This event is directly related to the educational mission of the University: YES NO What is being provided? _____

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 If so specify: _____

Decorations, banners, or signs will be displayed: YES NO If yes, please describe: Club banner.

This event will include filming or recording: YES NO If so, please specify: _____

Media will be notified about the event (newspapers, television, radio stations etc.): YES NO If so, specify: _____

Movie/film/documentary will be shown at this event: YES NO

This event is co-sponsored by the U-SU or on-campus department: YES NO If so, specify: CCC CSI Other: _____

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

<input type="checkbox"/> U-SU Theatre 106**	<input type="checkbox"/> Alhambra Room 305**	<input type="checkbox"/> Los Angeles Room 308A**	<input type="checkbox"/> Montebello Room 309
<input type="checkbox"/> Boardroom South 303A	<input type="checkbox"/> Pasadena Room 307	<input type="checkbox"/> Los Angeles Room 308B**	<input type="checkbox"/>
<input type="checkbox"/> Boardroom North 303B**	<input type="checkbox"/> Los Angeles Room 308ABC**	<input type="checkbox"/> Los Angeles Room 308C**	<input type="checkbox"/> San Gabriel Room 313**
<input type="checkbox"/> Boardroom North & South 303**	<input checked="" type="checkbox"/> Los Angeles Room 308BC**		

OFFERED ROOM SET UP

Theatre Style Banquet Style Reception Style Discussion Circle

Conference Style Classroom Style

Expected Attendance Setup Count: 50

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 40 Cocktail Tables 7

Director's Signature: [Signature] Date: 2/1/14

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

COMPLETED



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: Chemistry & Biochemistry Club PHONE: [REDACTED] DATE: 01/31/19

EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]

NAME OF EVENT: Election Social LOCATION: Los Angeles Room BC

EVENT DATE: Friday, 03/15 BEGIN TIME: 12:15 PM END TIME: 2:15 PM ESTIMATED ATTENDANCE: 50

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

PROCEEDS TO BENEFIT EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM

DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION

OTHER: [REDACTED] SPEAKER/PANEL

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

SPORTS ACTIVITY OR COMPETITION BEACH/FORREST/PARK CLEAN-UP INTERNATIONAL TRAVEL

BONFIRE INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL

AMPLIFIED SOUND ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

The club is hosting an election social where food will be distributed to whom attend. Club members will be able to socialize with potential board members for the next academic year.

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: FB & SC csulachemclub OTHER: [REDACTED]

WHO WILL BE 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 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 [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? NO YES

IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: [REDACTED]

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

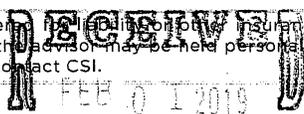
WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials [REDACTED] PLEASE LIST 2 TIPS and SVPT 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 by the liability 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.



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: [REDACTED] SIGNATURE: *Jamelle Cordero* DATE: 2/1/19
 TREASURER: [REDACTED] SIGNATURE: *[Signature]* DATE: 2/1/19
 U-SU STUDENT ORGANIZATION ACCO [REDACTED] or APPROVED EXEMPT STATUS: CSI VERIFICATION

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 and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU ___" stamp must be clearly visible on the face of the posting.
- 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 [REDACTED] SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) *[Signature]* DATE: 2-1-19
 ADVISOR'S NAME [REDACTED] SIGNATURE *Michael L. Hayer* DATE: 2-1-2019

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: 2/1/19
 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: _____
 OTHER: _____ DATE: _____ U-SU BUSINESS OFFICE DATE: _____

NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)



Golden
Eagle
Hospitality

for: Event # E35379
on: Friday, March 15, 2019

Client/Organization Chemistry and Biochemistry Club	Event Date 3/15/2019 (Fri)	Booking Contact [REDACTED]	Event # E35379
Address 5151 State University Dr.		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED] Guests 50 (Act)
Party Name Chemistry and Biochemistry Club	Sales Rep Amy Miers	Theme	Category

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		11:45 am	12:00 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Lunch Delivery at 12:00PM			
(50) Disposables	Each	0.50	25.00
(1) Large (Fifteen 12" Sub)	Platter(s)	85.00	85.00
- (5) Roasted Turkey			
- (5) Chicken Salad			
- (5) Grilled Chicken Pesto			
(1) Medium (Ten 12" Wraps)	Platter(s)	60.00	60.00
- (3) Sesame Mandarin Chicken			
- (3) Caprese			
- (2) Roasted Veggies			
- (2) Tuna Salad			
(1) Medium - Chopped Fresh Fruit (up to 55 guests)	Bowl(s)	75.00	75.00
(1) Medium - Homemade Potato Chips With Onion Dip(36-74pp)	Bowl(s)	75.00	75.00
(3) Fresh Brewed Unsweetened Iced Tea	Gallon(s)	22.00	66.00
Water Service			

Notes

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

E35379 - Chemistry and Biochemistry Club

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	320.00	66.00	0.00	0.00	0.00	0.00	0.00	386.00
Service Charge	54.40	11.22	0.00	0.00	0.00	0.00	0.00	65.62
Taxes	35.57	7.34	0.00	0.00	0.00	0.00	0.00	42.91
Total	409.97	84.56	0.00	0.00	0.00	0.00	0.00	494.53

Subtotal	386.00	Paid	0.00	
Tax	42.91	Balance	494.53	
Service Charge	65.62			
Total Value	494.53			

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)

