



ASI Program Partnership Request Policy & Guidelines

ASI Funds are available to clubs, organizations and departments for partnership request for various campus events. Those funds are available through two (2) distinct commissions that are completely separate entities: the Clubs/Orgs Commission and the Student Activities Commission.

❖ The Clubs/Orgs Commission

- Exclusively reserved to clubs and organizations that are registered with the Office of Student Life (OSL) and in good standing with the ASI Organizations Commission
- Does not require any fund input from the originating club, organization or any other partner
- Request must not exceed \$500 per club/organization per year
- Start-up funds: up to \$100 per club/organization per year
 - Must have opened a club account with ASI within the previous academic year
 - Must be registered with OSL, and in good standing with ASI Orgs Commission
- Promotional items: up to \$100 per club/organization per year
 - Up to \$50 per club/org per year without the ASI logo
 - Up to \$100 per club/org with the ASI logo
 - Must be registered with OSL, and in good standing with ASI Orgs Commission
- Does not fund travel or scholarships

❖ The Student Activities Commission

- Funding available to registered clubs, organization, and event planning departments
- Requires financial input from the originating organization
- Funding only available for social activities that are free and open to all CSUDH students
- Does not fund travel or scholarships
- Does not fund promotional items (i.e., clothing, mascot paraphernalia, giveaways, banners)

In order to ensure thorough consideration of your request, please fill completely the attached form and include the following information:

- A detailed projected cost of event/budget for all line items
- The commission from which you are seeking partnership
- The amount requested from ASI
- Any sponsorship from other sources
- A sample flyer mentioning ASI's partnership must be attached to the partnership request

Please note:

- ❖ In absence of a financial obligation from each partner, the event may be considered as an ASI program only.
- ❖ Each partner is responsible for paying his/her financial obligation directly to the vendor; ASI will not pay all costs and seek reimbursement from any other partners.
- ❖ Honorariums will be considered on a case by case basis.
- ❖ All requests are to be returned to the ASI office at least 6 weeks prior to the event.
- ❖ Advertisements of the events must recognize ASI as a partner (including but not limited to e-mails, posters, banners, flyers). Failure to comply will result in removal of consideration for ASI funding for the remainder of the school year.
- ❖ Consider 10 business days needed to process paper work after approval by the commission.
- ❖ Funds access/reimbursement is pending final event approval. All invoices/reimbursement requests must be accompanied by the event approval form generated on ToroLink.
- ❖ Failure to consistently attend the Organizations Commission meetings will disqualify all ASI funding requests per the attendance policy.



Program Partnership Request

Contact Person(s): _____ Club/Organization/Dept.: _____

Contact Information: _____
Phone _____ Email _____

Program Title: _____ Program Date: _____

Location: _____ Time: _____ Expected Attendance: _____

Program Goals/Objectives (intended audience, outcome): _____

Program Description (content, materials needed, will you have a guest speaker?, is it educational or social?): _____

How will you publicize your event? _____

Is there an admission charge? Yes No Has the event been sponsored previously? Yes No

Is Security Needed? Yes No If yes, when & by who? _____

I am seeking partnership: _____ to plan a program through Organizations Commission funding
_____ to plan a program through the Student Activities Commission funding
_____ to request startup funds from the Organizations Commission funding (max \$100)
_____ to request promotional items funds from the Organizations Commission (max \$100)

Projected Cost of Event Amount Requested from ASI: _____

LSU Room Reservation: _____
Equipment/Materials: _____
Food: _____
Contracted Services: _____
Other: _____
Other: _____
Total Cost _____

Will there be sponsorship from other sources? If so, please give sources and amount?

Organization Name	Amount

Club/Org Advisor Name: _____ Advisor Email: _____

Advisor Phone Number: _____ Signature: _____ Date: _____

For Office Use Only:

Date Approved: _____ Check Number: _____
Amount Approved: _____ Check Date: _____
PPR Number: _____ Check Amount: _____