RSO Event Funding Request Form 2025-2026

This application is to be used only for RSO Event Funding. Before submitting the application, please read the [RSO Event Funding Policy](#) in detail. Incomplete applications will not be accepted or reviewed.

Please Note:
- Applications can only be submitted by the official RSO President or Treasurer.
- Applications must be submitted a minimum of <u>30 days prior to the date of the event</u> to be considered for funding. No funding will be provided retroactively.
- You must have submitted your event for approval to your SLIC Advisor prior to applying for ASI funding.

Please complete all questions:

1. Name of your Recognized Student Organization (RSO)? _____

2. What is your position within the organization (check one box)?   __ President   __ Treasuer

3. Your Full Name _____

4. Your Net ID _____

5. Your CSUEB horizon email address _____

6. Your phone number _____

7. What is your organization's AS account number _____

8. What is the Title of your Event/Program _____

9. What is the Date of your Event/Program mm/dd/yyyy

10. What is the Time of your Event/Program _____

11. What is the Location of your Event/Program _____

12. If your event spams over more than one day, list all of the additional dates and times in the following section. (Please write N/A if this does not apply)
_____

13. How many people are expected to attend (estimate a number) _____

14. Is your event open to all students/faculty/staff? ___Yes ___No

15. Is this event a collaboration with another RSO (If yes, you can request up to $1500 in total funding for this event. Also, the request for each category will be split evenly among both RSOs) ___Yes ___No

16. If Yes in #15, what is the Name of the Collaborating RSO?
_____

17. If Yes in #15, what is the AS account number for the Collaborating RSO? _____

18. If Yes in #15, please provide the Name, CSUEB Horizon Email, and Phone Number of the Collaborating President or Treasurer *(Example: Jane Doe,* jdoe17@horizon.csueastbay.edu*, 510-885-3000).*
_____

19. Please tell us about your Event/Program in a paragraph. Please be as detailed as possible (your response to this question will be considered for revision of your request).
_____

Certification:
- I certify that the information contained in this funding request is true and accurate to the best of my knowledge.
- I certify that my organization is recognized by Student Leadership & Involvement Center (SLIC).
- I certify that I am the President or Treasurer of my organization and that I am recognized as the officer of my RSO by SLIC.
- I certify that I have read and understand the RSO Event Funding Policy and agree to all terms and conditions.
- I certify that I will notify ASI immediately should the event date be changed or cancelled and that if the event is not rescheduled within 30 days of the original date, all approved funding will be returned to ASI.

    By checking this box, I certify this application ___
    My Name _____

Reminders:
- Your application must include the following:
    - This fillable pdf event request form
    - The event funding budget sheet
    - The event flyer with ASI logo
- All 3 files should be submitted in the same email to: asifunding@csueastbay.edu
- If approved for funding, the funds will be deposited into your AS account. You should work with SLIC for purchases.
- If approved for funding, within 10 days of the event, you are required to complete an Event Summary Report to ASI Vice President of Finance (RSOs are encouraged to

present about your event at a future ASI Board meeting). Failure to complete may result in a loss of future funding.