

**LaGuardia Community College**  
Division of Student Affairs  
Office of Campus Life

**Student Advisory Council  
Funded Event Form For Clubs & Organizations**

**Name of Club/Organization(s)**

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**Event Name**

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**Event Date**

**Event Start - End Time**

**Event Location(s)**

**Completed SAC Funded Event Form with Supporting Documents Must Be  
Submitted To:**

**Office of Campus Life  
Room M-115**



**Campus Life**

# Supporting Documents Cheat Sheet

## PURCHASE ORDERS - CHECK LISTS

Supporting documents required to get purchase orders approved and processed

CL= Campus Life

\*\*= Campus Life Designee Responsible for Item

RST= Required Submission Timeline

FOOD	DECORATIONS	SUPPLIES	BUS SERVICE
Agenda Event Flyer Quote(s)  3 Bids (if expense exceeds \$500)  W-9 Form with Original Signature (if new vendor)  COI (if new vendor)  Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 1 week prior to event</b>	Agenda Event Flyer Shopping Cart(s)  3 Bids (if expense exceeds \$500)  W-9 Form with Original Signature (if new vendor) Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 2 weeks prior to event</b>	Agenda Event Flyer Shopping Cart(s)  3 Bids (if expense exceeds \$500)  W-9 Form with Original Signature (if new vendor) Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 2 weeks prior to event</b>	Agenda Event Flyer Quote(s)  3 Bids (if expense exceeds \$500)  W-9 Form with Original Signature (if new vendor) COI (from selected/lowest priced vendor only)  Finalized Pre-Attendance Sheet  CUNY Off-Campus Travel Waivers (if traveling out of state only) <b>**CUNY Off-Campus Student Travel Approval Form</b> Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>
DJ & OTHER PERFORMERS	SPEAKERS & PANELISTS	SPECIAL SERVICE PROVIDERS (I.E. PHOTO BOOTH, LIGHTING COMPANY, GAMES COMPANY, OTHERS)	CONFERENCE
Agenda  Event Flyer  Quote(s)  3 Bids (if expense exceeds \$500) W-9 Form with Original Signature (if new vendor) <b>**Performance Agreement with Original signature</b> <b>**Scope of Work</b>  Vendor Bio (or resume)  COI (from movement-oriented performers only) Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>	Agenda  Event Flyer  Quote(s)  3 Bids (if expense exceeds \$500) W-9 Form with Original Signature (if new vendor) <b>**Performance Agreement with Original signature</b> <b>**Scope of Work</b>  Vendor Bio (or resume) Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>	Agenda  Event Flyer  Quote(s)  3 Bids (if expense exceeds \$500) W-9 Form with Original Signature (if new vendor) <b>**Independent Contractor Agreement with Original Signature</b> <b>**Scope of Work</b>  Vendor Bio (or resume)  COI (from selected service provider) Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>	Agenda (itinerary for entire trip)  Event Flyer  Conference Agenda  Conference Registration Fees (if applicable) Venue Information (official from vendor's website) Hotel Shopping Cart(s) or Quote(s) (If applicable) Hotel Bids (If applicable) Transportation Shopping Cart(s) or Bus Quote(s) (If applicable) COI (from selected/lowest priced bus vendor only, if applicable) Food Shopping Carts (if applicable)  Finalized Pre-Attendance Sheet CUNY Off-Campus Travel Waivers (if traveling out of state only) <b>**CUNY Off-Campus Student Travel Approval Form</b> Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>
MUSEUM OR OTHER TICKETED ACTIVITY	PROMOTIONAL ITEMS		
Agenda  Event Flyer  Shopping Cart(s)  Venue Information (official from vendor's website) 3 Bids (if expense exceeds \$500 or cost justification memo if selected show/event cannot be put out to bid) W-9 Form (if new vendor)  Finalized Pre-Attendance Sheet  CUNY Off-Campus Travel Waivers (if traveling out of state only) <b>**CUNY Off-Campus Student Travel Approval Form</b> Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 4 weeks (30 days) prior to event</b>	Agenda  Event Flyer  Quote(s) or Shopping Cart(s)  3 Bids (if expense exceeds \$500)  W-9 Form (if new vendor)  Design Specifications Event Sign-In Sheet (to be submitted to CL post event)  <b>RST= 6-8 weeks prior to event</b>	<b>***CL Recommends Clubs &amp; Organizations Consult with CL Designees 1-2 Weeks Prior to Submitting Proposals</b>  <b>***All New Vendors Must Submit W-9 Forms with Original Signatures (exceptions apply to museums, ticketed shows, and some online vendors only)</b>  <b>***Food Purchases Must Adhere to CUNY's Meal Allowances Guidelines: Breakfast= \$3.50 Max Per Person / Lunch= \$8.00 Max Per Person</b>	
	<b>**CL Designee(s): contact Dannery Minaya for Civic Engagement, Leadership and Professional Development, Social &amp; Academic programming</b>		

## Event Overview

### Name of Club/Organization(s)

If two or more organizations are co-hosting this event, please list all organizations below.

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### Event Name

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**Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Event Location(s):** \_\_\_\_\_

### Event Type

Please check one:

- Lecture / Talk       Workshop / Training       Discussion / Forum       Celebration / Party       Trip / Outing
- Other, Please Specify: \_\_\_\_\_

### Event Categories

Please check 1 or 2 that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> General Meeting (GM)  | <input type="checkbox"/> Leadership & Professional Development (LP) |
| <input type="checkbox"/> Civic Engagement (CE) | <input type="checkbox"/> Social (S)                                 |
|  | <input type="checkbox"/> Academic (A)                               |

## Event Audience

### Estimated Audience Size

How many people do you expect to attend this event?

- Up to 25 people       25 – 50 people       50 – 100 people       More than 100 people
- Special audience notes, if any:

## Event Description & Logistical Details

### Event Synopsis

In 100 words or less, please describe your event. Include 2-3 sentences explaining the nature of the event & planned activities.

### Event Purpose

Why did you decide to hold this event? What would you like attendees to have experienced once your event ends?

- 1.
- 2.

### Event Location

Please include the room set-up details for your event in box #1, include the room arrangement style (i.e., cafeteria, lecture, conference, u-shaped or other) and include the number of tables, chairs/other items that will be needed. Please provide a count of the audio visual requirements for your event in box #2 (i.e., podium, projector, microphone(s), laptop(s), sound system, other), you may leave this section blank if no audio visual is required.

- 1.
- 2.

### Partnerships & Collaborations

Who will you partner with? Fellow clubs & organizations? Various Departments? Outside entities? Include all organizations which are co-hosting this event. You may skip this section if you are the sole hosting organization for this event.

### Event Marketing Details

Please provide details about your marketing strategy for the event. Include information about the methods and/or platforms you plan on using to promote the event. Will you need Campus Life's assistance advertising your event on the College's social media sites and/or TV screens?

**Event's Purchase Order(s) Details**

What type of items will Campus Life need to secure for your event? Please check all that apply:

- Contractuals
- Refreshments
- Supplies & Decorations
- Miscellaneous
- M Equipment

**Total Event Budget:** \_\_\_\_\_

**Purchase Order(s)**

Please list items that need to be purchased for your event by category. Include all chosen vendors' names and totals per category.

<b>Contractuals (DJ/Other Performers, Speakers/Panelists or Other Special Service Providers)</b>	
	Provide an itemized list of vendors, include their full name or company name, and add the total cost per vendor.
<b>Refreshments (Food, Drinks, Snacks)</b>	
	Provide an itemized list of vendors, include their full name or company name, and add the total cost per vendor.
<b>Supplies &amp; Decorations OR Equipment (Any Supplies Other than Refreshments or Durable Equipment)</b>	
	Provide an itemized list of vendors, include their full name or company name, and add the total cost per vendor.
<b>Miscellaneous (Museum/Other Tickets, Transportation Services, Lodging Facilities, Etc.)</b>	
	Provide an itemized list of vendors, include their full name or company name, and add the total cost per vendor.

## SAC Funded Event Form Submission Terms of Agreement

- SAC Funded Event Forms can only be utilized by student clubs/organizations that have had their fiscal year budget submissions approved by the SAC Executive Board for that particular year.
- If you're not sure whether or not your organization's budget submissions were approved by the SAC Executive Board for the current fiscal year, please contact the Specialist for Clubs & Organizations at the Office of Campus Life via email at [dminaya@lagcc.cuny.edu](mailto:dminaya@lagcc.cuny.edu).
- All SAC Funded Event Forms must adhere to the purchasing timeliness indicated in the "Supporting Documents Cheat Sheet" page of this form.
- All clubs/organizations submitting SAC Funded Event Forms for processing must currently have enough funds in their clubs' budgets to cover their intended expenses. **Pending fiscal year budget approvals and/or pending club budget appeals are NOT approved funds.** If you're uncertain of your club's budget balance, please contact the SAC Executive Board's Treasurer or the Specialist for Clubs & Organizations at Campus Life.

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**By providing your information & signature below, you agree to abide by the terms listed above and are authorizing this form for submission:**

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### Primary Faculty / Staff Contact

Full Name: \_\_\_\_\_  
Your Organization & Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Mobile (**Required for trips / outings**) \_\_\_\_\_  
Office Location: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Event Coordinators (Students or Staff)

Full Name: \_\_\_\_\_  
Your Organization & Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Your Organization & Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments or Special Instructions**

**FOR OFFICE USE ONLY:**

**OFFICE OF CAMPUS LIFE AUTHORIZATION**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Notes:**