

Club Initiative Fund Application

The Initiative Fund is made available to Clubs in order to facilitate initiatives of all kinds that may require financial assistance. Funds may be awarded for a one-time event, a series of events, or for Club resources toward a given initiative. Collaborative applications are encouraged and only one application form must be submitted.

Selection Criteria:

The Club Budget Committee will consider awarding funds to Clubs based on the following:

- 1) feasibility;
- 2) alignment with Club purpose;
- 3) benefit to students;
- 4) financial need; and
- 5) Club track record/history

The Club Budget Committee will evaluate each application based on merit and the degree to which the proposed activity directly meets the above selection criteria. **Clubs must complete this application in its entirety by providing rigorous and thorough information for each of the required sections.** After reviewing this application, the committee should not have outstanding questions about your event. For the sake of time, it is crucial for you to provide full and complete information about your event.

Application Requirements:

To be considered for Initiative funding, the Club must meet ALL of the following conditions:

- 1) Must be a registered club in good standing with the ASA;
- 2) Must include a budget with breakdown of costs;
- 3) Completion of appropriate Risk Assessment sections in this application; and
- 4) Must have only applied once per application session for a given initiative.

Application deadlines are:

- October 2, 2017
- November 20, 2017
- January 29, 2018
- February 26, 2018

Applications must be submitted to the ASA Office, L1-010 by 5:00 p.m. on the date of deadline. **Late submissions will not be accepted.** *All applications must be signed by entire Executive to be eligible.* Should you have any questions or concerns regarding the application, please contact Cindy in the ASA Office, email to croose@ualberta.ca or by phone (780) 679 -1541.

1. Overview

Club Name(s):		
Name of Initiative:		
Amount of funding requested:		
Brief description of Initiative (attach another sheet if needed):		
Location:		
Start date(s) and time(s) if applicable:	End date(s) and time(s) if applicable:	
Are you collaborating with outside organizations? If so, please list:		
Do you have alternative funding sources (i.e. fund raising, sponsorship, etc.)? If so, please list:		
Are you selling tickets:	Price of tickets:	Projected attendance:

Primary Executive contact for this initiative

Name:	Position:
Phone:	Email:

Does your initiative involve: alcohol physical activity travel

If yes to any of the above, please review the appropriate areas under **Section 4, Risk Assessment** for information on identifying and mitigating any risks associated with your proposed initiative.

How does this initiative request align with your Club's mandate?

How does this initiative request benefit students?

Is this initiative feasible for your club(s) in terms of budget, funds available, manpower, etc.? Please explain.

Has your club or any other clubs undertaken this initiative before? Please provide a summary of past efforts.

2. Funding Request

Request for Initiative Funding (*in order for request to be considered, attach a detailed **budget** for the event which **outlines expenses and any projected revenues***).

Amount requested:

Anticipated date of final expenditures:

Has your club previously applied for funding this year?

Has your club applied for this same initiative in a previous funding round?

Total Requested this year:

Total awarded to date:

In the event that you are awarded partial funding, please explain your options and feasibility for hosting the event.

If applying for an event that falls outside of the appropriate funding period, please provide a rationale for doing so (i.e. booking requirements, etc.)

Fundraising Information

<input type="checkbox"/>	We are raising funds for an outside organization(s)
	Recipient of Funds:
	Projected amount of Total Donation:

3. Venue Information – needed for all Off Campus activities

Location (please attach unsigned contract and/or Certificate of Insurance if applicable):	
Address of Venue:	
Name of Contact:	Title:
Phone:	Email:

4. Risk Assessment

Please describe your event by indicating the following components it includes and the steps you will take to minimize any risk involved. Please fill out all that is applicable to your initiative.

1. Travel

Attendees responsible for own transportation?
Carpooling?
Rent cars/vans – name of company:
Rent bus – name of company:

Action Steps must be taken to minimize risk

Waivers will be signed and submitted to ASA
All carpooling drivers have valid licenses and insurance
Arrival/departure times known by all attendees
Attendees know contingency plan for missing return transportation
No alcoholic beverages permitted on bus
No intoxicated individuals will board bus
All participants have proper medical and travel insurance, if applicable
Travel arrangements are made for attendees with special needs

The Club understands the risks associated with travel and will address them with the mitigation strategies listed above.

2. Physical Activity

Activities involving physical risk include, but are not limited to, laser tag, dodgeball, soccer, etc. (moderate risk) and ice hockey, skiing, paint ball, etc. (high risk).

Action Steps must be taken to minimize risk

Waivers will be signed and submitted to the ASA
All attendees have proper health insurance coverage
Plan for transporting injured to hospital
Primary event organizer brings first aid kit

The Club understands the risk associated with physical activity and will address them with the mitigation strategies listed above.

3. Alcohol is available for consumption

Action steps must be taken to minimize risk

<input type="checkbox"/> Licensed - Off Campus
At least 2 Club Executives have valid Event Organizer Training & ProServe
Must provide confirmation of space booking with maximum occupancy load indicated.
Must provide copy of poster, if applicable.
Must obtain Liquor Liability insurance of not less than \$1,000,000. "The Governors of the University of Alberta", "The Students' Union University of Alberta", "Augustana Faculty", and "Augustana Students' Association" MUST be named as additionally insured. A copy of the insurance certificate must be provided as part of the Permission application. Proof of insurance is attached.
No attendee under the age of 18 will be served alcohol
Adequate security is in place
Food is available to patrons during the event

No services – Off Campus

At least 2 Club Executives have valid Event Organizer Training & ProServe
Must provide confirmation of space booking with maximum occupancy load indicated.
Must provide copy of poster, if applicable.
Must obtain Liquor Liability insurance of not less than \$1,000,000. "The Governors of the University of Alberta", "The Students' Union University of Alberta", "Augustana Faculty", and "Augustana Students' Association" MUST be named as additionally insured. A copy of the insurance certificate must be provided as part of the Permission application. Proof of insurance is attached.
Security volunteers required at a ratio of 1/50 attendees to roam the event. Additional security volunteers must also be stationed permanently for the duration of the event at every entrance/exit point. Names of security to be provided on Permission application form. Students working as security must have valid SIPS training; Augustana staff working as security do not require any special training.
Student serving volunteers must be SIPS trained; Augustana staff working as servers do not require any special

The personal information collected on this form will be used to administer and manage ASA's programs and services, and to maintain ASA's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements necessary to deliver the services that you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

training. Names of servers to be provided on Permission application form.
CSS Officers are required at the ratios outlined in the Use of Alcohol at University Events Rules and Regulations, or at the discretion of the Director, Residence Services or the Director, Campus Security Services.
No attendee under the age of 18 will be served alcohol
Food is available to patrons during the event

<input type="checkbox"/> Unlicensed location – Off Campus (i.e. Community Hall)
At least 2 Club Executives have valid Event Organizer Training & ProServe
Must provide confirmation of space booking with maximum occupancy load indicated.
Must provide copy of poster, if applicable.
Must obtain Liquor Liability insurance of not less than \$1,000,000. “The Governors of the University of Alberta”, “The Students’ Union University of Alberta”, “Augustana Faculty”, and “Augustana Students’ Association” MUST be named as additionally insured. A copy of the insurance certificate must be provided as part of the Permission application.
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Once the Permission is obtained, it is the group’s responsibility to obtain the Special Event License from the liquor store from which they buy their alcohol, or from their caterer, should the caterer be supplying the alcohol. The Liquor Coordinator requires a copy of the SEL after it is purchased. A copy of the SEL and copies of the alcohol receipts must be provided to the Liquor Coordinator before the event date.
No attendee under the age of 18 will be served alcohol
Food is available to patrons during the event

All Off Campus liquor events require a Permission. The permission certificate must be in writing and signed by the Liquor Coordinator. Permissions can be applied for by using the online application form at <http://www.uofaweb.ualberta.ca/alcohol/>.

The Club understands the risk associated with having events with alcohol and will address them with the mitigation strategies listed above.

By signing below, we confirm that the above information is truth and accurate to the best of our knowledge.
(Application must be signed by all Executive members)

Name:	Position:	Signature:
Name:	Position:	Signature:
Name:	Position:	Signature:
Name:	Position:	Signature:
Name:	Position:	Signature:

For Office Use Only

Club Name:	
Review date:	
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Summary:
Deadline to submit receipts for reimbursement:	
Amount requested:	Amount awarded:
Proof of Insurance Required:	Waivers Required:

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