

# AFFILIATE RECOGNITION FORM

California State University, Sacramento

(Submit to the Director of Procurement)

New Request

Annual Re-confirmation

Date: \_\_\_\_\_

(Due September 30)

## Section I

Affiliate Name: \_\_\_\_\_

Campus Sponsor: \_\_\_\_\_ Title \_\_\_\_\_

Must be faculty member or department manager (MPP)

Sponsoring college or department \_\_\_\_\_

Relationship with a local, state, or national organization: \_\_\_\_\_

## Section II

If this is a new request for recognition, all information requested in this section must be provided. If this is an annual re-confirmation only provide information for those segments that have changed. Attach addition pages as needed to provide the information requested.

Check the appropriate box:

New	Re-Confirming	
	No change / Change	
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	A. Purpose and activities of Affiliate.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	B. Membership qualifications, including a statement prohibiting unlawful discrimination, harassment (or allowing harassment) on basis of gender, race, color, ancestry, religious creed, national origin, sexual orientation, physical disability (including HIV and AIDS), mental disability, medical condition, age (over 40), or marital status.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	C. Titles and contact information for officers; their terms, including how a vacancy in any office will be filled; the duties of each officer; and, how nominations are made for office and how members will vote, including qualifications for voting privileges.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D. Meeting schedule for regular meetings, including time and place, if known; who may call special meetings and how members will be notified.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	E. Specify quorum and any attendance rules.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	F. Identify any standing committees and their purpose and duration, if known.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	G. State any dues and/or other fees collected by the Affiliate. If none, state so.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	H. Specify who may request and originate an amendment to the bylaws or operating rules; method of presentation to the organization; necessary votes required to adopt; and time of effectiveness, i.e., 30 days hence, immediately, etc.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	I. Where funds for Affiliate are deposited.

### Section III

Statements must be completed and signed for original recognition request and for the annual re-confirmation.

Acknowledgement:

We acknowledge and accept the responsibilities associated with the Affiliate's formal recognition by the University, including compliance with the policies and regulations governing the campus.

Campus Sponsor: \_\_\_\_\_

Affiliate Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Insurance and Hold Harmless Statement\*:

\_\_\_\_\_ (Name of Affiliate) shall indemnify and hold harmless the State of California, the Trustees of the California State University, the University, including California State University, Sacramento their officers, employees, representatives and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of the activities described herein, caused in whole or in part by any negligent act or omission of \_\_\_\_\_ (Affiliate), any contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of California State University, Sacramento.

Affiliate Representative: \_\_\_\_\_

Title: \_\_\_\_\_

\* In addition to the signed statement, the campus may require the Affiliate to obtain and maintain various forms of insurance coverage based upon a risk assessment completed by the Office of Risk Management Services.

### Section IV

This section only applies to Affiliates submitting an annual re-confirmation request. Attach fiscal documents that provide the organization's financial position as of June 30<sup>th</sup>, via a source and use of funds statement or an audited financial report; including an account of how the funds were used to support the activities of the organization.

Source and Use of Fund Statement or Audited Financial Report attached

Account of how the funds were used attached

**Signatures:**

Affiliate Representative/Title: \_\_\_\_\_

Campus Sponsor: \_\_\_\_\_

Division Vice President:

By signing this document, I approve the above mentioned sponsor to act in that capacity and that there are sufficient existing resources for him/her to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Chief Financial Officer:    Approved:     Disapproved:     Re-confirmed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_