

Student Life & Development Advisor's Signature

| 1. Program Title | |
|----------------------------------|--|
| Women Engineers at the Beach Day | |
| 2. Student Organization Name | |
| - | |

| Last White four Island will be additional? If Island, who will be your feelend speaker, preferring the forwards from the bosons (Parket to the Chuller) could be the owner from the control of the country. The program is will be additionally the country. The program is will be additionally the country. The program is will be added to the country. The program is will be added to the country of the country of the country. The program is will be added to the country of the past eleven years. The purpose of this event is to introduce the idea of engineering to young girls excelling in math and science, by presenting them with workshops and activities relevant to the field of engineering. 7. Indicate the proposed budget for this program. For each Exponse Category, indicate the total cost in Column A. In Column B. show the profise of the cost that your cognization will contribute through its own fundrising. Associated Students. If this errount sociated the program (B) Other Sources of C.) Amount Exposed Students. If this errount sociated the foliant you are regulated to be a foliant to the program (B) Other Sources of C.) Amount Exposed Students. If this errount sociated the foliant you are regulated to be a foliant to the cost that your cognization will contribute through its own fundrising. Associated Students. If this errount sociated the remaining to the program of the cost in Column A. In Column B. Amount Exposed Students. If this errount sociated the remaining to the social contribute through the some fundation of the program of the cost in Column B. Amount Exposed Students. If the errount sociated through the some fundation of the event of Column B. Amount Exposed Students. If the event activity. The total amount indicated the remaining the social through the social th | | | | | Society of Women Engineers | | | | |
|---|---|--|--|--|---|--|-------------------------------|--|--|
| A When will the program be had? Subsert Union Sooptimist House Performing Arts Center The Pyramid* Subsert Union Sooptimist House Performing Arts Center The Pyramid* The Pyram | 3 Indicate the period(s) in which th | e program will take pl | ace | | 4 Estimated Attendance | | | | |
| A Where will the program be held? Performing Arts Content* The Pyremid* X Other | | | | orugny 28 | | | | | |
| Sludent Union | | | | | | | | | |
| Trianguage passed related free for the program for the form device complete for Tasky Mover fleeth Request | 4. Where will the program be held? | | _ | | - | generalisation | | | |
| 5. What type of program is this? Please select from the drop-down list provided. 6. Program Description Frainciscus if this a "rea" program or a "nouring" program (see that has been place todays). The provide a barder description of the program is the both but provided and possible in the propose that the sadders of the program is the both but provided and possible in the propose that the sadders of the program is the both but provided and provided and possible in the propose that the provided and provided in provided and provided in the provided and provided and provided and provided in the provide | Student Union Soroptimist House Performing Arts Center* The Pyramid* X Other | | | | | | | | |
| 8. Program Description Translation IT all is "fee" program in "a "rough" program for the bit share provided by the state proposed to the state provided by the state the provided by the state provided by the state provided by the state the provided by the state pro | If requesting a waiver of rental fees for the Pyramid or Performing Arts Center, please complete the Facility Waiver Rental Request. | | | | | | | | |
| ital fivilit to be in suit will be addressed? Proceed with well be your features appeals, performed, and the program is been in estateors. Provide as much dotal as possible in the opera frience to be contained. Soil will be well well as growing in the program in the program is been in estateors. Provide as much dotal as possible in the operation. This program is well be addressed? We well as possible in the operation. This program is well as possible in the operation. This program is well as possible in the operation of the program is as a binamulal outreach event that has been put on by the Retention and Recruitment Center and the Society of Women Engineers for the past eleven years. The purpose of this event is to introduce the idea of engineering to young girls excelling in math and science, by presenting them with workshops and activities relevant to the field of engineering. 7. Indicate the proposed budget for this program. For each Expense Category, indicate the total coal in Column A. In Column B show the portion of the coast that your opparition will confibrate through its own functions. A indicate the proposed budget for this program. For each Expense Category, indicate the total coal in Column B. A contained and the program is a program in the prog | 5. What type of program is this? Please select from the drop-down list provided. Workshop | | | | | | | | |
| ital fivilit to be in suit will be addressed? Proceed with well be your features appeals, performed, and the program is been in estateors. Provide as much dotal as possible in the opera frience to be contained. Soil will be well well as growing in the program in the program is been in estateors. Provide as much dotal as possible in the operation. This program is well be addressed? We well as possible in the operation. This program is well as possible in the operation. This program is well as possible in the operation of the program is as a binamulal outreach event that has been put on by the Retention and Recruitment Center and the Society of Women Engineers for the past eleven years. The purpose of this event is to introduce the idea of engineering to young girls excelling in math and science, by presenting them with workshops and activities relevant to the field of engineering. 7. Indicate the proposed budget for this program. For each Expense Category, indicate the total coal in Column A. In Column B show the portion of the coast that your opparition will confibrate through its own functions. A indicate the proposed budget for this program. For each Expense Category, indicate the total coal in Column B. A contained and the program is a program in the prog | | | | | | | | | |
| Associated Students. If this amount exceeds the Maximum Allowable Subsidy, the term "OFF" will appear to the right. Expense Category (A) Total Program (B) Other Sources of (C) Amount Requested* Source of Funds from Column B Amount Admission Charges Ticket Sales Memorphysis Dues Printed Materials Program Supplies \$150 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 | This program is New X Recurring This is a biannual outreach event that has been put on by the Retention and Recruitment Center and the Society of Women Engineers for the past eleven years. The purpose of this event is to introduce the idea of engineering to young girls excelling in math and science, by presenting them with workshops and activities relevant to the field of engineering. 7. Indicate the proposed budget for this program. For each Expense Category, indicate the total cost in Column 8. Indicate the sources and amounts of all funds your organization will | | | | | | | | |
| Expense Category Cost Funds Requested* Newspaper Ads So Newspaper Ads Posters Profiled Materials \$150 \$75 \$75 Program Supplies \$500 Group Travel** \$00 Conference Fees \$00 Honoraria/Service Contracts Equipment Purchase Repairs & Maintenance \$00 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$0 Certification We cartify to the best of our knowledge that the above information is correct and complete and that this given as prepared discloses all sources of revenue whether received or anticipated. This organization agrees to abide by all regard and rates of the Associated Students, incorporated and perfusibate in ASIS Reporting and Evaluation policy. Program Signature O LUGAU i First Name Contracted Phone Number Contract Phone Number Contract Phone Number Admission Charges/Ticket Sales Membership Dues Office of the President/Vice Pres Academic Department or College Instructionally Related Activities Donations Other TOTAL "If the total anount requested from ASI meets or exceeds \$3,000 you also complete and fire the total anount requested from ASI meets or exceeds \$3,000 you also complete and fire program budget worksheet if requesting fund Group Travel ""The total amount requested from ASI. ""The tota | Column C will calculate automatically Associated Students. If this amount except | y. This represents the a ceeds the Maximum Allow | amount of funds you are wable Subsidy, the term "OF | requesting from the FF" will appear to the | must equal the total of C message will appear. | Column B [°] under item 7. Ot | therwise, an error | | |
| Newspaper Ads Posters So Posters So Printed Materials \$150 \$75 \$75 \$75 \$75 \$75 \$76 Program Supplies \$500 \$500 Group Travel** \$0 Conference Fees \$0 Subment Rental \$200 \$75 \$125 Facility Rental \$400 \$100 \$300 Honoraria/Service Contracts \$0 Subtrotals \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$200 \$300 \$300 \$300 \$300 \$300 \$300 \$30 | Expense Category | | | | | | Allount | | |
| Newspaper Ads Posters Posters Posters Posters Program Supplies \$150 \$75 \$75 Program Supplies \$500 \$500 Scoup Travel** Conference Fees Equipment Rental \$200 \$75 \$125 Facility Rental \$400 \$100 \$300 Honoraria/Service Contracts Equipment Purchase Repairs & Maintenance Subtotals \$1,250 \$250 \$1,000 Refreshments*** TOTALS \$1,250 \$250 \$1,000 Refreshments*** TOTALS \$1,250 \$250 \$1,000 Refreshments*** TOTALS S1,250 \$250 \$1,000 Refreshments*** TOTALS S1,250 \$250 \$1,000 Refreshments*** TOTALS S1,250 \$250 \$1,000 S1,000 Refreshments*** TOTALS S1,250 \$250 \$1,000 S1,000 S1,000 S1,000 S2,000 S2,00 | | | Tuliuv | | | one: saies | | | |
| Posters \$ \$0 Printed Materials \$ \$150 \$75 \$75 Program Supplies \$500 \$500 \$500 Group Travel** \$0 Conference Fees \$ \$0 Conference Fees \$ \$0 Equipment Rental \$200 \$75 \$125 Facility Rental \$4400 \$100 \$300 Honoraria/Service Contracts \$0 Equipment Purchase \$0 Subtotals \$1,250 \$250 \$1,000 Subtotals \$1,250 \$250 \$1,000 TOTALS \$1,250 \$250 \$1,000 **The total amount requested from ASI meets or exceeds \$3,000 you also complete a Travel Estimate worksheet if requesting fund group travel from the Subtotal of funds requested from ASI. **The total amount requested from ASI. **The total amount requested from ASI. **The Subtotal of funds requested from ASI. **The Subtotal of funds requested from ASI. **The Subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting fund group travel and rules of the Subtotal of funds requested from ASI. **The total amount requested from ASI. **The United Materials Program budget worksheet if requesting fund group travel and rules of the Subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting fund group travel and rules of the Subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting fund group travel and rules of the Subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting fund are subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting fund rules of the Subtotal of funds requested from ASI. **The United Materials Program budget worksheet if requesting funds requested from ASI. **The United Materials Program budget worksheet if requesting funds requested from ASI. **The United Materials Program budget worksheet if requesting funds requested from ASI. **The United Materials Program budget worksheet if requesting funds requested from ASI. **The United Materials Program budget worksheet if requesting funds requested from ASI. **The United Materials Program budget workshee | | 1 | | | | t∆/ice Pres | | | |
| Printed Materials \$150 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 | | | | | | | | | |
| Program Supplies \$500 \$500 Signature Conference Fees | | \$150 | \$75 | | | | | | |
| Group Travel** Conference Fees Equipment Rental \$200 \$75 \$125 Facility Rental \$400 \$100 \$300 Honoraria/Service Contracts Equipment Purchase Repairs & Maintenance Subtotals \$1,250 \$250 \$1,000 Refreshments*** TOTALS \$1,250 \$250 \$1,000 Refreshments*** \$0 TOTALS \$1,250 \$250 \$1,000 Refreshments, *** *The total amount requested from ASI meets or exceeds \$3,000 you also complete a Major Program budget worksheet. *"You MUST complete a Travel Estimate worksheet if requesting fund Group Travel *"The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. *"You fully to the best of our knowledge that the above information is correct and complete and that the grant as prepared discloses all sources of revenue whether received or anticipated. This organization agrees to abide by all regular drains of the Associated Students, incorporated. We agree to fully cooparate with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASIs Student Preparer's Signature OLUGAUI Last Name First Name | | | **** | | 1 | | | | |
| Conference Fees \$\ \text{Equipment Rental} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 7.00 | | | | ACUVIUGS | \$150 | | |
| Equipment Rental \$200 \$75 \$125 Facility Rental \$4400 \$100 \$300 Honoraria/Service Contracts \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 | | | | | | | \$100 | | |
| Facility Rental \$400 \$100 \$300 Honoraria/Service Contracts Equipment Purchase Repairs & Maintenance Subtotals \$1,250 \$250 \$1,000 Refreshments*** TOTALS \$1,250 \$250 \$1,000 Refreshments*** \$0 Certification We certify to the best of our knowledge that the above information is correct and complete and that the unare subject to audit by the Associated Students, Incorporated as expressed in the Grant Application Packet and in the Grant Administration Handbook. We understand that revenues received and purchases made in connection with these grasubject to audit by the Associated Students, Incorporated with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. Student Preparer's Signature OILOGUS First Name | | \$200 | \$75 | | | | \$250 | | |
| Honoraria/Service Contracts Equipment Purchase Repairs & Maintenance Subtotals Refreshments*** TOTALS S1,250 S250 \$1,000 Refreshments*** \$0 TOTALS S1,250 \$250 \$1,000 Refreshments*** \$0 TOTALS S1,250 \$250 \$1,000 Refreshments*** \$0 TOTALS S1,250 \$250 \$1,000 S250 S250 \$1,000 S250 S250 \$1,000 S250 S250 \$1,000 S250 | | 1 | | | | | ψΖΟΟ | | |
| Equipment Purchase Repairs & Maintenance Subtotals S1,250 S250 S1,000 Refreshments*** S0 TOTALS \$1,250 \$250 \$1,000 Refreshments*** \$0 TOTALS \$1,250 \$250 \$1,000 Refreshments*** \$0 TOTALS \$1,250 \$250 \$1,000 S250 \$1,000 S250 \$1,000 ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. **The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. **The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. **The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested for anticipated. This organization agrees to abide by all regulated of the Associated Students, Incorporated as expressed in the Grant Application Packet and in the Grant Administration Handbook. We understand that revenues received and purchases made in connection with these grant and expending Associated Students, Incorporated. We agree to fully cooperate with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. **You MUST complete a Travel Estimate worksheet if requesting fund Group Travel ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal Administration Handbook. We understand that revenues received or anticipated. This organization agrees to abide by all regulated in the Subtotal Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. **YOU MUST complete a Travel Estimate worksheet if requesting funds Group Travel ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal Students funds funds requested for Refreshments may NOT exceed 20 the Subtotal Students funds funds requested for ASI. | | ψτου | ψισο | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM | -8 | *If the total amount requested from ASI meets or exceeds \$3,000 you MUS | | | |
| Refreshments*** Subtotals Refreshments*** TOTALS \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requ | | | | | | | 100000 WO,000 Jun | | |
| Subtotals \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$1,250 \$250 \$1,000 Refreshments*** \$250 \$1,000 Refreshments** \$250 \$1,000 Refreshments*** \$250 \$1,000 Refreshments*** \$250 \$1,000 Refreshments** \$250 \$1,0 | | | | | -3 | **You MUST complete a Travel Estimate worksheet if requesting funds for | | | |
| ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested from Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested for Refreshments may NOT exceed 20 the Subtotal of funds requested from ASI. ***The total amount requested from ASI. **The total amount requested from ASI. ***The total amount requested from ASI. ***The total amount requested from ASI. **The to | | ¢1.250 | #250 | | Group Traval | I Haver Estillate worker. | t II fequesting rands is. | | |
| TOTALS \$1,250 \$250 \$1,000 9. Certification We certify to the best of our knowledge that the above information is correct and complete and that the grant as prepared discloses all sources of revenue whether received or anticipated. This organization agrees to abide by all regularly and rules of the Associated Students, Incorporated as expressed in the Grant Application Packet and in the Grant Administration Handbook. We understand that revenues received and purchases made in connection with these grassubject to audit by the Associated Students, Incorporated. We agree to fully cooperate with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. Student Preparer's Signature O I VOA U I THE ASY YEV Last Name First Name | | \$1,250 | \$250 | | | ested for Defrachments me | ov NOT avaged 20% of | | |
| 9. Certification We certify to the best of our knowledge that the above information is correct and complete and that the carn as prepared discloses all sources of revenue whether received or anticipated. This organization agrees to abide by all regular and rules of the Associated Students, Incorporated as expressed in the Grant Application Packet and in the Grant Administration Handbook. We understand that revenues received and purchases made in connection with these gras subject to audit by the Associated Students, Incorporated. We agree to fully cooperate with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. Student Preparer's Signature OLUGUI Last Name First Name First Name First Name First Name Contact Phone Number | | 04.050 | 2050 | | the Subtotal of funds rea | | | | |
| We certify to the best of our knowledge that the above information is correct and complete and that the same as prepared discloses all sources of revenue whether received or anticipated. This organization agrees to abide by all regular and rules of the Associated Students, Incorporated as expressed in the Grant Application Packet and in the Grant Administration Handbook. We understand that revenues received and purchases made in connection with these gras subject to audit by the Associated Students, Incorporated. We agree to fully cooperate with such audits as a condition of receiving and expending Associated Students funds. We further agree to cooperate and participate in ASI's Reporting and Evaluation policy. Student Preparer's Signature OLOGUI Last Name First Name First Name First Name Contact Phone Number | IUIALS | \$1,250 | \$250] | \$1,000 | j | • | | | |
| Olloqui Iselen Treasurer Last Name First Name Title +reasurer @ csulpswe.org 310)955-0662 E-Mail Address Contact Phone Number | We certify to the best of our knowledge that the and rules of the Associated Students, Incorpora subject to audit by the Associated Students, In Reporting and Evaluation policy. | ated as expressed in the Grant . | Application Packet and in the Gra | ant Administration Handboo | ok. We understand that revenues receive | ed and purchases made in conn | nection with these grants are | | |
| E-IVIAII AQQDESS | Oll Dall | * | BOLOW | 1 | 1 | V.D ACUV | 01 | | |
| E-IVIAII AQQIPESS// Contact Phone Number | Last Name | | <u> </u> | | <u> </u> | | | | |
| E-IVIAII AQQIPESS// Contact Phone Number | treasymer @ csulkwe.org 310)955-0062 | | | | | | | | |
| Most Coproca XJ4966 | E-Mail Address | | Most | Cabrera | Contact Phone Number | er ~54966 | | | |

Print Name

Extension