

1. Program Tit	tie	
	Engineers Week	
2. Student Orç	ganization Name	
	Associated Engineering Student Body	

				Associated Engineering Student Body			
3. Indicate the period(s) in wh	ich the program will tal	ce place		*******	4. Estimated Atten	dance	
July 1 through No	_	December 1 through F	Eghruany 28 V	Marc		800	
4. Where will the program be		December 1 anough 1	Colidary 20 X	Marc	1,		
	P-1	,			promoterna pro-	1	
Student Union	Soroptimist Ho	استستسا	Performing Arts Cen		The Pyramid* X	Other COE	
If requesting a waiver of rental fees for the	Construction of the Constr			t.			
5. What type of program is thi	s? Please select from t	he drop-down list pr	ovided. Fair				
will the program take? What topic or issue as possible in the space provided. Refer to This program is New National Engineer' engineering, curre will be held through reach out to the care.	will be addressed? If known, who the Evaluation Criteria tab to rev x Recurring s Week will take ntly celebrated l ghout the week way ampus and local rs. The 2nd Annu	will be your featured speake iew the criteria ASI will use to a place Februar by hundreds of whose aim is to community, at all Engineers V	r, performer, etc.? If application. ry 19th-25th if academic are precognize end to engage Veek festiviti	2012 nd p xcel and es w	orovide a brief description of the program in the text box publicate the number of years the program has been in existence. 2. E-Week is a week-long cele rofessional societies. Various lence in engineering achieved inspire students to pursuit will include the COE Student/	ebration of s events ements, to	
7. Indicate the proposed budget for Column A. In Column B show the fundraising. Column C will calcrequesting from the Associated S term "OFF" will appear to the right	portion of the cost that you ulate automatically. This tudents. If this amount exc	r organization will contrib represents the amount	oute through its own of funds you are		8. Indicate the sources and amounts of all fun will be raising for this event or activity. The tot here must equal the total of Column B under i error message will appear.	al amount indicated tem 7. Otherwise, an	
	(A) Total Program	(B) Other Sources	(C) Amount		Source of Funds from Column B	Amount	
Expense Category	Cost	of Funds	Requested*		Admission Charges/Ticket Sales		
Flyers	\$150	\$100	\$50		Membership Dues		
Newspaper Ads	\$100	\$100	\$0		Office of the President/Vice Pres		
Posters	\$200	\$200	\$0	İ	Academic Department or College		
Printed Materials	\$200	\$200	\$0		49er Shops, Incorporated		
Program Supplies	\$2,500	\$1,500	\$1,000		Instructionally Related Activities		
Group Travel**		E E	\$0		Donations		
Conference Fees			\$0		Other	\$2,550	
Equipment Rental	\$400		\$400		TOTAL	\$2,550	
Facility Rental	\$300	\$250	\$50				
Honoraria/Service Contracts			\$0		*If the total amount requested from ASI meets of MUST also complete a Major Program budget to		
Equipment Purchase			\$0				
Repairs & Maintenance			\$0		**You MUST complete a Travel Estimate works for Group Travel	heet if requesting funds	
Subtotals	\$3,850	\$2,350	\$1,500			1107	
Refreshments***	\$1,200	\$200	\$1,000	QFF	***The total amount requested for Refreshment 20% of the Subtotal of funds requested from AS		
TOTALS	\$5,050	\$2,550	\$2,500				
by all regulations and rules of the Associa	ated Students, Incorporated as ex to audit by the Associated Stud	opressed in the Grant Applica ents, Incorporated. We agree	tion Packet and in the Gra	nt Admi	vurces of revenue whether received or anticipated. This or inistration Handbook. We understand that revenues receiv its as a condition of receiving and expending Associated	red and purchases made in	
Student Preparer's Signa	nture						
Hemandez		Daniel			President		
Last Name		First Name		****	Title	Andrews of the second s	
/	2	i-not ivallia			323-540-7120		
president@agebo	//y			-	Contact Phone Number		
E-Mail Address			Mott Cohroro				
1 09			Matt Cabrera		x54966		