



# 2011-2012 Grant Application Form

A separate Grant Application must be submitted for each program requested.

## 1. Program Title

The Surveying Competition

## 2. Student Organization Name

American Society of Civil Engineers

## 3. Indicate the period(s) in which the program will take place

\_\_\_\_ July 1 through November 30 \_\_\_\_ December 1 through February 28 ☒ March 1 through June 30

## 4. Estimated Attendance

4

## 4. Where will the program be held?

☐ Student Union ☐ Soroptimist House ☐ Performing Arts Center\* ☐ The Pyramid\* ☒ Other California Po

\*If requesting a waiver of rental fees for the Pyramid or Performing Arts Center, please complete the Facility Waiver Rental Request.

## 5. What type of program is this? Please select from the drop-down list provided.

Academic Competition

**6. Program Description** First indicate if this is a "new" program or a "recurring" program (one that has taken place before). Then provide a brief description of the program in the text box provided below. What form will the program take? What topic or issue will be addressed? If known, who will be your featured speaker, performer, etc.? If applicable, indicate the number of years the program has been in existence. Provide as much detail as possible in the space provided. Refer to the Evaluation Criteria tab to review the criteria ASI will use to evaluate your application.

This program is ☐ New ☒ Recurring

Students compete in the practice of Survey: precision mapping of elevations and distances between monuments and locations to assemble the most accurate small scale map possible. Surveying is an essential aspect of Civil Engineering which charts the terrain for a job site and space available.

7. Indicate the proposed budget for this program. For each Expense Category, indicate the total cost in Column A. In Column B show the portion of the cost that your organization will contribute through its own fundraising. Column C will calculate automatically. This represents the amount of funds you are requesting from the Associated Students. If this amount exceeds the Maximum Allowable Subsidy, the term "OFF" will appear to the right.

8. Indicate the sources and amounts of all funds your organization will be raising for this event or activity. The total amount indicated here must equal the total of Column B under item 7. Otherwise, an error message will appear.

Expense Category	(A) Total Program Cost	(B) Other Sources of Funds	(C) Amount Requested*
Flyers			\$0
Newspaper Ads			\$0
Posters			\$0
Printed Materials			\$0
Program Supplies			\$0
Group Travel**	\$440	\$200	\$240
Conference Fees			\$0
Equipment Rental			\$0
Facility Rental			\$0
Honoraria/Service Contracts			\$0
Equipment Purchase	\$200	\$200	\$0
Repairs & Maintenance			\$0
<b>Subtotals</b>	<b>\$640</b>	<b>\$400</b>	<b>\$240</b>
Refreshments***			\$0
<b>TOTALS</b>	<b>\$640</b>	<b>\$400</b>	<b>\$240</b>

Source of Funds from Column B	Amount
Admission Charges/Ticket Sales	
Membership Dues	
Office of the President/Vice Pres	
Academic Department or College	
49er Shops, Incorporated	
Instructionally Related Activities	
Donations	\$200
Other	\$200
<b>TOTAL</b>	<b>\$400</b>

\*If the total amount requested from ASI meets or exceeds \$3,000 you MUST also complete a Major Program budget worksheet.

\*\*You MUST complete a Travel Estimate worksheet if requesting funds for Group Travel

\*\*\*The total amount requested for Refreshments may NOT exceed 20% of the Subtotal of funds requested from ASI.

## 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 regulations 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 grants are 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 Grant Reporting and Evaluation policy.

\_\_\_\_\_  
Student Preparer's Signature

Yu

Avram

President

Last Name

First Name

Title

yu.avram@gmail.com

949-232-4032

E-Mail Address

Contact Phone Number

Matt Cabrera

x54966

\_\_\_\_\_  
Student Life & Development Advisor's Signature

Print Name

Extension

## Travel Expense Estimate

Name of Student Organization

American Society of Civil Engineers

*A separate Travel Estimate must be submitted for each Group Travel request. Make additional copies as needed.*

**1. Proposed Destination**

Cal Poly Pomona

**2. Number of Students Traveling**

4

**3. Purpose of Travel**

Compete in Surveying competition

**4. Name(s) of Faculty/Staff Accompanying Students**

Jeremy Redman

Emily Parentela

**5. Date of Departure**

3/23/2012

**6. Date of Return**

3/26/2011

### Travel Costs

For each day of travel, provide the total dollar amount of your group's expenses. Do not exceed the rates indicated for each type of expense. Do not include expenses for faculty or staff members accompanying the group. Remember, you must be traveling more than 25 miles from CSULB to qualify for transportation and lodging expenses.

Day	Date	Transportation Cost*	Lodging Rate per Room**	Number of Rooms	Total
1	3/23/2012		\$110.00	1	\$110.00
2	3/24/2012		\$110.00	1	\$110.00
3	3/25/2012		\$110.00	1	\$110.00
4	3/26/2012		\$110.00	1	\$110.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00

Transfer this amount to the "Group Travel" line under "Total Program Cost" on the corresponding Grant Application Form. You will then need to specify how much of this cost your organization will be contributing.

**Total**

440

**\*ASI will only pay for transportation to the travel destination and back.**

**\*\*Refer to the "Lodging Rates" tab for maximum hotel/motel rates for your destination. Allow 1 room for every 4 people. The maximum amount ASI will pay is \$125 per room per night regardless of the location.**