2011-2012 Grant Application Form

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

1. Program Title
EAT Lab Workshop

2. Student Organization Name
Embedded Applications Technology

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

X July 1 through November 30   X December 1 through February 28   _____ March 1 through June 30

4. Estimated Attendance
30

4. Where will the program be held?

[ ] Student Union   [ ] Soroptimist House   [ ] Performing Arts Center*   [ ] The Pyramid*   [X] Other EAT Lab

*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. Workshop

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 [X] New   [ ] Recurring

An ongoing workplace for students to refine their skills and pursue project that promote academic involvement. Workshops will focus on soldering, circuit board design, and applications of complex circuits.

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**			$0
Conference Fees			$0
Equipment Rental			$0
Facility Rental			$0
Honoraria/Service Contracts			$0
Equipment Purchase	$1,000	$500	$500
Repairs & Maintenance			$0
Subtotals	$1,000	$500	$500
Refreshments***			$0
TOTALS	$1,000	$500	$500

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	
Other	$500
TOTAL	$500

*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

Coolidge	James	Vice President
Last Name	First Name	Title

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E-Mail Address   Contact Phone Number

Matt Cabrera   x54966

Student Life & Development Advisor's Signature   Print Name   Extension