

Travel Grant Program Fund Application

Office of the External Vice President (Cristopher Santos)

PERSONAL INFORMATION	
NAME	YEAR
STUDENT GROUP	
() -	
CELL/LOCAL PHONE NUMBER	E-MAIL ADDRESS

Have you applied for the Travel Grant in the 2010-2011 Academic Year? YES NO

I agree that all the information provided in this application is true and factual and follows the guidelines of the Travel Grant Fund. Any changes in the conference, alternate funding, etc will be reported to the External Vice President's Office immediately. If it found that any part of this application and supplemental information provided is false, I will forfeit all claims to the allocated funds.

SIGNATURE OF APPLICANT DATE

BY SIGNING I AFFIRM THAT I HAVE READ AND AGREE TO ALL TERMS AND CONDITIONS STIPULATED BY AND IN THE EVP TRAVEL GRANT GUIDELINES

SIGNATURE OF GROUP CHAIR/PRESIDENT NAME OF SPONSOR/SPONSORING GROUP DATE

DATE STAMP is LOCATED in the Student Government Accounting office, Kerckhoff Hall 332	OFFICE USE ONLY Date Stamp and sign for receiving the application
DATE STAMP HERE	DATE STAMP HERE- OFFICE USE ONLY

Applications Should be Turned into the EVP Office (Kerckhoff 300C) and mailed electronically to ucla.evp.grant@gmail.com.

✓CHECKLIST**Completed the CONFERENCE INFORMATION and SHORT ANSWER Sections****Completed and Calculated your LINE ITEM TOTALS****Attached CONFERENCE INFORMATION and AGENDA****Completed and attached BUDGET WORKSHEETS, QUOTES, and ESTIMATES****SIGNED by GROUP CHAIR/PRESIDENT of sponsoring REGISTERED STUDENT GROUP****MAKE 1 HARD COPY AND 1 ELECTRONIC COPY OF THIS APPLICATION FOR SUBMISSION****CONFERENCE INFORMATION****Name of conference you wish to attend:****Organization sponsoring conference:****Location of conference:****Date(s) of conference:****Website for conference:** **http://****Number and Names of People attending the conference:****AMOUNT REQUESTED (LINE ITEM TOTAL) (10%)***On the following table, please indicate how much money you are requesting for each line item, as well as the total request. The total in each line item should equal the amount indicated in each respective line item worksheet on the following pages.**Include all documentation showing costs and estimates of items requested.*

ITEM REQUESTED	AMOUNT REQUESTED	AMOUNT ALLOCATED (to be filled out by office)
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Registration Fees**Accommodation****Transportation****Other:****TOTAL****EXTERNAL VICE PRESIDENT'S TRAVEL GRANT FUND APPLICATION****YOUR NAME**

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SHORT ANSWER QUESTIONS (60%)

Answer the following questions in the space provided below. (2 pages maximum)

1. Describe the purpose and goals of the conference or event. (25%)
[insert text here]

2. What is your history with the issue(s) presented at this conference or event? How have you actively studied or worked on the issue(s) presented? (15%)
[insert text here]

3. Please outline your plans to relay and present the information and resources gathered at the conference or event to students at UCLA. (Use bullet points if necessary.) (10%)
[insert text here]

4. Are you receiving or applying for additional funding from other sources? If so, from whom and how much? (i.e. personal finances, student group finances, outside grants, etc.) (optional, but if answered, it is evaluated with the “Amount Requested” section)
[insert text here]

5. Are there other UCLA student groups that you know of who are attending this conference or event? If so, are they applying for this fund?
[insert text here]

6. If it does, and to the best of your knowledge, how does attending this conference or event further the mission and goals of the External Vice President’s Office? (10%)
[insert text here]

STATEMENT OF NEED (20%)

What is the importance of this conference or event and the issue(s) presented at the conference or event to the undergraduate community at UCLA?

In addition, please use the space below to explain any additional line items for which you are requesting funding. Describe what is needed, why it is needed, and what it will be used for. Include documentation of costs, quotes, or estimates to support your statement of need. Please note that if the additional items do not fall under the guidelines of the Travel Grant Fund, you will not be granted funding for this particular line item.

[insert text here]

BUDGET WORKSHEET: ACCOMMODATIONS

HOTEL INFORMATION		
NAME OF HOTEL	PHONE NUMBER	FAX NUMBER
STREET ADDRESS OF HOTEL		
CITY	STATE	ZIP CODE

ACCOMMODATION INFORMATION
Average Cost of Room per Night
Number of Rooms
Number of Nights: /
CHECK IN DATE / CHECK OUT DATE
State Tax
Additional Charges
TOTAL REQUESTED

1. Is this the recommended hotel for the conference? Yes No
2. If no, is this the most cost effective hotel available? Yes No
 - a. If this is not the most cost effective hotel available, please explain why you have selected this hotel.
[insert text here]
3. Are you receiving a special rate due to the conference? Yes No

Please use the space below to provide any additional information about the hotel and accommodations you think we should know:

[insert text here]

BUDGET WORKSHEET: TRANSPORTATION

Air Travel

AIR TRAVEL INFORMATION		
NAME OF CARRIER	PHONE NUMBER	FAX NUMBER
NAME OF BOOKING AGENCY USED (FILL IF NECESSARY)	PHONE NUMBER	FAX NUMBER

BOOKING INFORMATION		
Departure Information (from Los Angeles)		
CARRIER AND FLIGHT NUMBER		
/ /		
DATE OF DEPARTURE	TIME OF DEPARTURE	TIME OF ARRIVAL
Arrival Information (from Los Angeles)		
CARRIER AND FLIGHT NUMBER		
/ /		
DATE OF ARRIVAL	TIME OF DEPARTURE	TIME OF ARRIVAL
TOTAL REQUESTED		

Car Travel

Attach UCLA Fleet Vehicle Reservation information. UCLA Fleet Vehicle Service is the only rental car service approved and funded by the EVP Travel Grant Program Fund.

1. Is this most cost effective mode of transportation and rate available? Yes No
 - a. If no, explain why you chose this transportation arrangement.

2. Did you receive a special rate due to the conference? Yes No

3. Will you need additional transportation to the conference? Yes No
 - a. If yes, please list the other transportation (type of, from which locations, etc) that you will need during the time of the conference:
(You must save all receipts)

Office Hours for the EVP's Travel & Advocacy Grant Cmte. (Winter 2011)

Ronald Arruejo (Chair): Fridays, 11:30-12:30

Mallory Valenzuela (Vice-Chair): Mondays, 12:00 – 1:00

Dianelly Zamorano (Member): Wednesdays, 1:00 - 2:00

Cristopher Santos (EVP): Thursdays, 3:00 – 5:00

*Office Hours are designed to help prospective groups in starting and completing their applications and any other logistics after the hearing. If need be, please email the chair to set an alternative appointment.



EXTERNAL VICE PRESIDENT'S TRAVEL GRANT FUND APPLICATION

YOUR NAME

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