**Appendix A. E3 Application Form [Two-Page Limit]**

1. **First Name:**

**Last Name:**

**E-mail:**

**Position Title:**

1. **UC ANR Affiliation/Unit/Office:
UC ANR Location:**
2. **Project Collaborators:** [*Please provide the names and email addresses of all collaborating staff members that will support project planning and implementation at your UC ANR location. Include the name and contact information of your location’s SA Ambassador.]*
3. **Project Title:** *[Please provide a descriptive title.]*
4. **Objectives:** *[Please describe the goals and objectives of the project.]*
5. **Rationale:** *[Please describe the issue to be addressed, and limit to one significant BIG concern (consult your local staff, SA Ambassador, County Director, and/or office manager); the need must be stakeholder-identified.]*
6. **Project Plan and Activities:** *[Please describe the proposed activities that will be conducted and how they will help create and promote staff engagement, connectedness, and community. State the preferred positive outcome(s). Describe the planning process that led to the proposed activity, intervention, or solution that will help to address the local staff issues.]*

NOTE: Refer to the UC ANR Principles of Community to help guide the planning and development of the proposed project.

1. **Partners:** *[Please describe the role of any external partners, consultants, guest speakers, and/or vendors involved in the implementation of the project, if applicable.]*
2. **Beneficiaries:** *[Define one (1) staff unit for this challenge. Please specify how many staff are expected to benefit from the proposed activities.]*
3. **Administrative Contact:** *[Please provide the name and contact information of an administrative or business manager contact who can support the processing of project expenditures and invoices.]*

**Appendix B. Budget Form [One-Page Limit]**

Please complete the E3 funding budget and timeline worksheet, including the funding request and match contribution. Use of funds must comply with all applicable University of California policies and procedures.

**Example**

Cost Category: Activity Fees/Admissions.

Requested Amount: $130.00.

Justification and Timeline: Purchase of admission tickets for 12 employees to participate in guided teamwork and leadership building nature activities. This one-day event will take place the third week of April at <vendor name, location >.

Matching Contribution: Local funds in the amount of $130.00 will be used for van rental and mileage at $130/day x 1-day trip.

|  |  |  |
| --- | --- | --- |
| **Cost Category** | **Requested Amount** | **Justification and Timeline** |
|  |  |  |
| Program Activity Provider/ Consultant Costs |  |  |
| Travel Costs |  |  |
| Activity Fees/Admissions |  |  |
| Supplies |  |  |
|  **TOTAL** |  | **Maximum request is $1,000.00** |
| Matching Contribution |  |  |
|  **PROJECT TOTAL** |  |  |

*Please include links to program websites, brochures, and vendor/consultant quotes, as applicable.*

*Travel* ***must*** *be within California only.*

**Submission**

**To apply, please submit your proposal** [**HERE**](https://ucdavis.app.box.com/f/5742596c20b247b1a41d96ce37146763)**.**

**Applications are open until Thursday, November 15 at 5 p.m. PT.**