

PROFESSIONAL ACTIVITIES PROJECT PLAN AND FINANCING REQUEST

Calendar Year 2000

1. PROJECT TITLE Networking Opportunities for Women in Engineering	
2. SPONSORING SECTION/COUNCIL/AREA/CHAPTER IEEE Coastal Los Angeles Section	
REGION 6	
3. TREASURER/ADDRESS Roberta Fay	4. PROJECT MANAGER/ADDRESS/PHONE Katherine Macey kmacey@mednet.ucla.edu
5. STATEMENT OF OBJECTIVES To promote professional development of members and the integration of women in different technological, engineering & science organizations	
6. PLANS FOR ACHIEVING OBJECTIVES Networking meetings to develop professional & employment-related contacts. For the Venture capital meeting—Three speakers involved in different aspects of venture capital funding presenting forum on industry characteristics & relationships, growth & maturity of market, & the structure of start-ups enterprises	
7. HOW ACHIEVEMENT WILL BE MEASURED Development & occurrence of meeting; feedback from attendees	
8. HOW MANY MEMBERS WILL BENEFIT FROM THIS PROJECT?	

Use additional sheets if necessary
After completion, send this form to your Regional PACE Coordinator

January 2000

9. ACTIVITIES (list the major activities required for project achievement and the targeted completion dates):	
Activities	Dates
1. Networking meeting	3/13/01
2. Venture capital meeting	5/02/01
10. FUNDING REQUIREMENTS (refer to activities above by number):	
Type of Expense	Amount
1. March 13 th meeting	\$ 500.00
2. May 2 nd meeting	\$ 500.00
TOTAL FUNDING REQUIRED	\$ 1000.00
11. PROJECT FUNDING SOURCES	12. DISBURSEMENTS
Region \$ 500.00 Section \$ 500.00 Project Income \$ _____ Employment Assistance Cmte. \$ _____ Other \$ _____	1) Regional Funds Advance disbursement (pre-event cost) \$ _____ Final disbursement \$ _____ 2) EAC Funds Advance disbursement \$ _____ Final disbursement \$ _____ TOTAL \$ _____
13. PROJECT APPROVAL	
_____	DATE: _____
PACE Chair (Section/Area/Council/Chapter)	
_____	DATE: _____
Chair (Section/Area/Council/Chapter)	
_____	DATE: _____
Regional PACE Employment Assistance Program Coordinator (if applicable)	
_____	DATE: _____
Regional PACE Coordinator	
_____	DATE: _____
Regional Director	