

Office of Multicultural Affairs

THE DIVERSITY CHALLENGE GRANT APPLICATION

Today's Date: _____

Please Print or Type

Title of Event: _____

Date of Event: _____ Event Start/End Time: _____

Event Location: _____

Contact Person/Program Coordinator(s): _____

Contact's Phone No. : _____

Contact's E-mail Address: _____

Amount of Funding Requested: \$ _____ (up to \$500)

Co-sponsoring Groups: *(All groups must list a contact person.)*

1. Group's Name _____

Contact Person _____

Contact's Phone # _____

Signature of Contact Person _____

Group Advisor's Name _____

Advisor's Phone No. _____

2. Group's Name _____

Contact Person _____

Contact's Phone # _____

Signature of Contact Person _____

Group Advisor's Name _____

Advisor's Phone No. _____

3. Group's Name _____

Contact Person _____

Contact's Phone # _____

Signature of Contact Person _____

Group Advisor's Name _____

Advisor's Phone No. _____

Please provide detailed information about your event in the areas below. If preferred, your typewritten responses may be submitted on a separate attachment to this application. The event title should be indicated on each page of the attachment.

- I. **Program Goals.** Describe how the program concept was determined. What will the program attempt to accomplish?
- II. **Target Audience.** Describe the intended audience for the program.
- III. **Program Format/Design.** Describe all intended activities that will take place during the program. Indicate any special features (i.e. performers, food, giveaways, etc.).
- IV. **Involvement.** Indicates all co-sponsoring groups and describe how each group will actively participate in implementing the program.
- V. **Timeline.** Provide the timeline that will be used for planning and implementation the event, indicating each group's area of responsibility.
- VI. **Advertising Plan.** What are the methods that will be used to publicize and promote the program?
- VII. **Program Budget.** List all anticipated expenses and funding sources.

Expenses: \$ _____ For _____
\$ _____ For _____
\$ _____ For _____
\$ _____ For _____
\$ _____ For _____
\$ _____
(Total Expenses)

Funding \$ _____ From _____

Sources: \$ _____ From _____
\$ _____
(Total Funding)

**I hereby certify that the information given on this application is complete and accurate. I understand that any misrepresentation of this information may result in the denial of the application.*

Name of Applicant (print) _____

Signature _____ Date _____

**PLEASE SUBMIT THIS APPLICATION TO
THE DEAN OF STUDENTS OFFICE, ROOM 222 STUDENT ACTIVITIES CENTER
Attn: Rebecca Marshall**

For Committee Use Only	
Date & Time Received: _____	Date of Response to Applicant: _____
Committee Review Date: _____	
Committee Decision: Fund _____	Do Not Fund _____
Award Amount: _____	
Additional Comments:	