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. __________________________________________________________

continued on reverse side
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________________________
$__________  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: