THE DIVERSITY CHALLENGE GRANT APPLICATION

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. __________
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 ________________________________________________________

$__________ 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
OFFICE OF MULTICULTURAL AFFAIRS, SUITE 222 STUDENT ACTIVITIES CENTER
Attn: NATALIE MUNOZ

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: