

President's Commission Event & Program Funding Request Form

Name:

Date:

Email:

Phone Number:

Event/Program Title:

Event/Program Date:

Please check a box for each commission you would like to request funding:

Disability Issues

Mental Health

Wellness

Race and Ethnic Diversity

Veterans & Military Affairs

Women

Gender Identity & Expression and Sexual Orientation

Sustainability

Please provide Collaborative Information if this is a Collaborative Proposal:

Requesting Amount:

<u>Collaborator Name</u>	<u>Department/Organization</u>	<u>Collaborator Funding Amt</u>	<u>Collaborator's Responsibilities/Activities for Project</u>

**Funds awarded by a commission must be allocated/distributed appropriately no later than 3 weeks after your event date.*

1. Please tell us in general about your event/program and how it directly impacts students at Slippery Rock University:

2. Please describe how your event/program will assist with diversity and inclusion at Slippery Rock University:

3. Please tell us how you will be assessing the event/program?

Expenditure and Detail Items:

Speaker/Performance Fee	Total Estimated Cost:
Food	Total Estimated Cost:
Facilities	Total Estimated Cost:
Supplies	Total Estimated Cost:
Travel	Total Estimated Cost:
Other (Specify):	Total Estimated Cost:
Other (Specify):	Total Estimated Cost:
Totals	

Proposers Signature:

Date:

Commissions Signature:

Date:

Approved or Denied:

Amount Approved:

Reason for Denial:

Please email completed form to DEIB@sru.edu.