**Requesting from President’s Commission**: Select One

**Amount Requested**:  **Name:**

**Email:       Phone:**

**Event/Program Title:**

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

Please Provide Collaborative Information If This Is A Collaborative Proposal:

|  |  |  |  |
| --- | --- | --- | --- |
| **Collaborator** **Name** | **Department/****Organization** | **Collaborator** **Funding $** | **Collaborator’s Responsibilities/Activities for Project** |
| 1.  | 1.  | 1.  | 1.  |
| 2.  | 2.  | 2.  | 2.  |
| 3.  | 3.  | 3.  | 3.  |
| 4.  | 4.  | 4.  | 4.  |

Please answer the following questions regarding the project proposal:

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

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

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

**\*Please go to next page for budget breakdown**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expenditure and detail Item** | **Total Estimated Cost** | **PCDI Funding Request** | **GIESO Funding Request** | **PCRED Funding Request** | **Women Funding Request** | **Wellness Funding Request** | **Sustainability Funding Request** | **Veterans Funding Request** | **Mental Health Funding Request** | **Other Funding Request** |
| **Speaker/Performance Fees** |  |  |  |  |  |  |  |  |  |  |
| **Food** |  |  |  |  |  |  |  |  |  |  |
| **Facilities** |  |  |  |  |  |  |  |  |  |  |
| **Supplies** |  |  |  |  |  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |  |  |  |  |