

**Office for Diversity, Equity, Inclusion and Belonging
Event & Program Funding Request Form**

Name:

Date:

Email:

Phone Number:

Event/Program Title:

Event/Program Date:

Requesting Amount:

Please email completed form to DEIB@sru.edu.

Please provide Collaborative Information if this is a Collaborative Proposal:

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

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:

DEIB Signature:

Date:

Approved or Denied:

Amount Approved:

Reason for Denial: