

**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 the completed form to [DEIB@sru.edu](mailto:DEIB@sru.edu). When applying for multiple events, please submit a form for each event.

An event assessment form will be emailed to the signatory with the funding request approval. Please complete the form to the best of your ability and return to [deib@sru.edu](mailto:deib@sru.edu) within two weeks after the completion of the event.

Email [DEIB@sru.edu](mailto:DEIB@sru.edu) or contact our office at x2009 with any questions and concerns.

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:**

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

**Proposers Signature:**

**Date:**

**DEIB Signature:**

**Date:**

**Approved or Denied:**

**Amount Approved:**

**Reason for Denial:**