## **Committee on Diversity Funding Request**

Organization Name:	Account #:				
Contact Name:	Phone:				
Event Name:	Date of Event:				
Event Description:					
	Time of Event:				
Total Cost of Event:	st of Event: Requested Funding Amount:				
Please itemize how funding will be spe	nt:				
Have you sought out other funding sou	rces? If yes, please indicate from who and how				
much has been requested and/or prom	nised:				
	ss to issues of diversity? (Please read attached mission				
statement.)					
	es to provide funding for an event, it is required that				
	and all marketing efforts. How do you plan to market and				
publicize this event?					
Please send completed form to co	od@coe.edu.				

You will be contacted by a committee member in a timely manner. You are also welcome to come to a Committee on Diversity meeting (see email reminders) to request funding and share further information.

******	******	COMMITTEE USE C	NLY*********	******
Funding Request:	(List amount)	_ ALLOWED		_ DENIED
Why was the reque	st denied?			

Committee on Diversity

Purpose: to advise and assist the President and all constituents of the College community on issues related to diversity, equity, access, and fairness.