

OFFICE OF DIVERSITY, EQUITY AND INCLUSION

EXPLORATIONS IN DIVERSITY AND ACADEMIC EXCELLENCE
2018-2019 APPLICATION

Submit electronically as a .pdf file to Barbara.Hardman@suny.edu by 5 p.m. April 13, 2018

Date: _____	Application Type: __Faculty __Staff __Academic Unit __Student Organization
Your Name:	
Your Affiliation: (Department, Organization, etc.):	
Email:	Telephone:
Campus Address:	
Name and contact information for budget manager who will receive funds:	
Project Title:	
Proposed Audience for Event/Program (if applicable): __Students __Faculty __Staff __Community	
Funding Amount Requested: \$	

Provost or Dean's Signature: _____

Name: _____

Campus Chief Diversity Officer's Signature: _____

Name: _____

----- FOR ODEI USE ONLY -----

Reviewed by: _____

Proposal Checklist

- ___ Title Page
- ___ Abstract
- ___ Project Narrative
- ___ Time Line
- ___ Assessment Protocol
- ___ Project Budget
- ___ Budget Narrative / Rationale for Funding at Requested Level

Request Approved: ___ Yes ___ No

Funding Approved: \$ _____

Comments: _____