APPLICATION FOR FUNDING

The Mission of Millersville University’s Commission on Cultural Diversity & Inclusion is to foster a university climate that promotes racial and cultural diversity. The Commission actively supports university policies, practices, and programs that address the issues pertaining to cultural diversity and underrepresented racial groups.

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| Event Sponsor(s) / Requestor(s): | | | | | | Enter name | | | | | | | | | | | | | | |  |
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| Title of Event, Activity, Program: | | | | | | | Enter event title | | | | | | | | | | | | | |  |
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| Date of Event: | | Date | | | | | | Location of Event: | | | | Enter location | | | | | | | | |  |
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| Please provide a description of this event: (no more than 250 words) | | | | | | | | | | | | | | | | | | | | | |
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|  | Click here to enter text. | | | | | | | | | | | | | | | | | | | |  |
| Contact Information  *(Please provide name, phone number and email address)* | | | | | | | | | | | | | | | | | | | | | |
| Primary Contact: | | | | Primary | | | | | | | Secondary Contact: | | | | Secondary | | | | | | |
| Estimated Budgetary Information  *(To fill-out this section, place cursor in first field and TAB to the next field)* | | | | | | | | | | | | | | | | | | | | | |
| Honoraria/Consultation Fee: | | | | | | | | |  | | | Other Expenses (please specify in 30 characters or less) | | | | | | |  | | |
| Transportation Costs: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Airfare: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Vehicle Rental: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Personal Car: | | |  | | miles @ 0.54 | | | | $0.00 |  | |  | | | | | | |  | | |
| Toll, Parking, Miscellaneous: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Registration Fee: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Admission Fee: | | | | | | | | |  |  | |  | | | | | | |  | | |
| Lodging / Housing Accommodations: | | | | | | | | |  |  | |  | | | | | | |  | | |
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| TOTAL EST. COST: | | | | | | | | | | | | $0.00 | |  | | | | | | | |
| Please list other source(s) you have requested funding from and the amount that was approved as of submission of this application. If no amount is listed next to your source, we will assume that approval is pending. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | |  |  | REQUESTED AMOUNT OF FUNDS | |  | |
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| TOTAL FUND SOURCE AMOUNT: | | | | | | | | | | | | |  | | | $0.00 |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please provide a narrative, no more than 500 words, (with any additional supporting documents) addressing the following:   * Alignment with PCCDI Mission Statement * Educational Enrichment * Impact on the Campus/Community | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |