

Request for Diversity Office Funding

Today's date: _____ Your Name _____

Department/Organization Requesting Funding: _____

Date of Event: _____ Your Email: _____

Funding Requested (please itemize): _____

Amount of Department Contribution (name Dept.) _____:

Description of Event (include how it fits with you/your department's diversity strategic plan goals and how you would acknowledge College of Nursing's sponsorship/support):

Submit to: valerie-garr@uiowa.edu OR College of Nursing Diversity Office, Rm. 131 CNB
Approved funding is awarded first-come, first serve and based on availability of Diversity Office financial resources at time of application.

For use by College of Nursing Diversity Office:

Date request received: _____ Total Amount Funded: _____

Payment arrangement: _____

Program summary received: _____