



**REQUEST FORM FOR
DIVERSITY OFFICE FUNDING**

(Approval is based on availability of funds, and connection of program/event/activity to health care and/or wellness.

Submission of request is not a guarantee to receive funding.)

Today's Date: _____ Your Name: _____

Your Email & Phone: _____

Department/Organization Requesting Funding: _____

Name of Event: _____ Date of Event: _____

Your Funding Request Amount (please itemize): _____

Amount of Department Contribution (name Dept.) _____

Description of Event (include how it fits with health/wellness, diversity-equity-inclusion and how you would acknowledge The UI College of Nursing's sponsorship/support. Use backside if need more space)

Submit to: valerie-garr@uiowa.edu OR College of Nursing Diversity Office, Rm. 103 CNB
Approved funding is awarded first-come, first serve and based on availability of Diversity Office financial resources at time of application. You will be notified via email as to our decision.

For use by University of Iowa College of Nursing Diversity Office:

Date request received: _____ Total Amount Funded: _____

Payment arrangement: _____

Program summary/Event photo received: _____