DIAC: DIVERSITY IN ACTION COALITION
2015-16 FUNDING REQUEST

The DIAC budget is a resource to promote the diversity goals of SUNY Potsdam and must be used accordingly. Given that many groups and individuals request funding, the DIAC ask that requests be received at least three weeks prior to the date funds are needed. Priority will be given to request that clearly benefit students. The Diversity in Action Coalition also works to advertise events throughout the campus and community, so we require that information about events (e.g. fliers) be submitted with the request form. Finally, we ask that the Diversity in Action Coalition be recognized for its support in material and announcements promoting the event. Submit completed forms and supporting documents to DIAC Chair Latesha Fussell at fussells or Sisson 136.

Name of Requester: ___________________________________________ Date: ______________

Department or Organization: ___________________________________________

Purpose of Request: Please provide specific details about the use of requested DIAC funds.

Total Cost of Event/Activity: _______________ Amount Requested: _______________

**Please attach a copy of the budget for the event/activity to your request form.

How will students and other members of the campus community benefit from this expenditure of DIAC funds?

How will this expenditure of funds contribute to furthering the diversity goals of SUNY Potsdam?
Have additional funding sources been investigated: Yes No
If yes, what were the results?

Funding Request Checklist:

☐ Completed Funding Request Form
☐ Proposed Event/Activity Budget
☐ Supporting documentation (event info, flier, advertising, web links, etc.)

Please note: Review of funding requests will happen at DIAC meetings. Meetings are held every two weeks during the academic year. In order to ensure a timely review of your request, please plan accordingly. If you would like information on the DIAC meeting schedule, please contact the DIAC Chair, Latesha Fussell, fussells

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Office Use Only

Authorization of DIAC Budget Use:

_______ Accepted $____________ charge to account number____________________

_______ Denied Explanation:

Signatures:

DIAC Chair:

________________________________________________________ Date: ______________

Special Assistant to the President for Diversity:

________________________________________________________ Date: ______________