OFFICE OF MULTICULTURAL PROGRAMS
DIVERSITY PROGRAM PROPOSAL

Section 1 - General Organization Information

Organization Name: ______________________________________________________
(Please indicate other co-sponsoring groups, departments or student organizations below)

Group Account Number:_________________________________________________

Group Account Balance:_________________________________________________

Applicant(s) Information:

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Position in Organization</th>
<th>Email &amp; Phone Number</th>
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Section 2 – Program/ Event Information

Program/Event Title: ______________________________________________________

Proposed/Program Date of Event: ______ - ______ - 20___

Proposed/Program Time of Event: ________; ________ until ________; ________

Proposed/Program Location: ______________________________

Anticipated Event Attendance: ________

Event Purpose and Impact:

Provide a brief event/program description:

State the program/event objective:
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Section 3 - Program Budget & Sponsorship Information

Fill in this section completely even if the information is provided as an attachment.

TOTAL Anticipated Cost of Event $___________
Amount Self-Generated $___________

Please use the spaces below to specify other funds or support you have, and the source:

Source 1:_________________________ Amount:_____________
Source 2:_________________________ Amount:_____________
Source 3:_________________________ Amount:_____________
Source 4:_________________________ Amount:_____________

TOTAL Amount Requesting $_____________

Submitting Applicant’s Signature: ___________________________ Date: ___/___/____

By signing above, you and your organization agree that the information provided is accurate. Your signature represents your organization’s intent to submit the program/event evaluation form. You understand that falsifying information or failure to complete any part of this process could jeopardize present and future requests.

For Office Use Only. Please do not write in this section.

Date of Submission:_________________________

☐ Approved ☐ Denied

Total Amount Approved: $_____________

OMP Director’s Signature:_______________________
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DIVERSITY PROGRAM PROPOSAL

Program Evaluation

Return this form and all of your receipts in an envelope to La-Tarri Canty, in the SAO Office (Room W20-549) within 1 week of your event.

1. Title of Event:_____________________________________________

2. Date of Event:_____________

3. Did you collaborate with another organization?  If yes, which one?
   ____________________________________________________________________

4. Approximate number of students actively involved in planning and conducting the event:_______

5. Who was your target audience?  Check all that apply.
   ___ Students    ___ Faculty    ___Staff
   ___ Community Members; Other (please specify) ________________

6. Approximate number of people in attendance from each group:
   ___ Students    ___ Faculty    ___Staff
   ___ Community Members; Other (please specify) ________________

7. Did you program accomplish the multicultural and educational goals? If yes, how? If not, why not?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

8. Identify the method(s) used to promote the educational component of your program:
   ___ Video    ___ Speaker    ___ Panel    ___Flyer/Brochure
   ___ Announcement    Other: (please specify) ________________
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DIVERSITY PROGRAM PROPOSAL

Program Evaluation

9. Do you believe your event improved awareness and appreciation of multiculturalism on campus? If yes, how? If not, why not?
______________________________________________________________________________

______________________________________________________________________________

10. Which of the following leadership skills do you believe you and other organizers acquired as a result of this program. Check all that apply.

   ___ Written Communication   ___ Oral Communication   ___ Public Speaking
   ___ Time Management         ___ Team Building/Motivation   ___ Goal Setting
   ___ Event Planning/Organization   ___ Delegation Skills

   Other (please specify):____________________

11. What were the successes of your event?
______________________________________________________________________________

12. What challenges did your event experience?
______________________________________________________________________________

13. What changes and/or modifications will you make if you conduct this event again?
______________________________________________________________________________
______________________________________________________________________________

Name: ___________________________________

Organization, Position: _______________________________

Signature: _______________________________  Date: __________