



# OFFICE OF MULTICULTURAL PROGRAMS DIVERSITY PROGRAM PROPOSAL

## 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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## 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.

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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 your 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?

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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?

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12. What challenges did your event experience?

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

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Name: \_\_\_\_\_

Organization, Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_