## 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)

Applicant(s) Information:

<table>
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<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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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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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: __________