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**Diversity & Inclusion Innovation Fund**

Application Cover Sheet

As part of the College’s strategic priorities, the Diversity & Inclusion Innovation Fund (DIIF) invites proposals for initiatives that improve diversity and inclusion through cross-campus collaboration in harmony with our Catholic and Benedictine values. Proposals should emphasize long-term community development and growth. Initiatives are intended to be completed within one academic year and are eligible for grants ranging from $500-$2,500.

Please complete this coversheet as well as a detailed description of your project proposal as outlined in the Request for Proposal (RFP). The coversheet and proposal should be typed, single sided, and electronically submitted via e-mail to the Diversity & Inclusion Fund at DIIF@anselm.edu.

*(return by noon the 15th of the month).*

**Project title:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact:** |  | **Secondary Contact:** |  |
| Name: |  | Name: |  |
| Department/Office: |  | Department/Office: |  |
| Campus Box #: |  | Campus Box #: |  |
| Ext/Phone: |  | Ext/Phone: |  |
| Title/SAC affiliation\*: |  | Title/SAC affiliation\*: |  |

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\**Examples: Co-chair, Core Council, Campus Ministry, Professor of Biology, student athlete etc.*

*\*\* One of the contacts must be faculty or staff.*

Please provide a brief overview (75 words or less) of your proposed project:

|  |  |  |  |
| --- | --- | --- | --- |
| **YES:** |  | **NO:** |  |

Total funding request: **$** Are you willing to accept partial funding?

Please list your collaborators and their roles. Please also indicate any financial/material contributions of these collaborators (if any):

Questions regarding submission details may be directed to Paro Pope at ppope@anselm.edu

Questions regarding project consultation may be directed to Dr. Ande Diaz at adiaz@anselm.edu

**\*\*\*Student initiated proposals must include contact name, email and sign-off of co-sponsoring department for funding disbursement.**

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| --- | --- | --- | --- |
| Co-Sponsoring Department: |  | Contact Name: |  |
| Email: |  | Signature: |  |