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 Lonel Woods at woodsl@potsdam.edu.

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, Lonel Woods, woodsl@potsdam.edu

Office Use Only

Authorization of DIAC Budget Use:

________ Accepted $___________________ charge to account number_____________________

________ Denied. Explanation:

Signatures: DIAC Chair: ________________________________________________________________

Date: __________________________

Chief Diversity Officer: ______________________________________________________________

Date: __________________________