



Office of Inclusive Engagement Funding Request

Date: _____

ORGANIZATION INFORMATION

Requesting unit (i.e. college, department, faculty/staff/student organization):

Contact person:

Name

Email

Phone

PROJECT/INITIATIVE

Project/Initiative title: _____

Project/Initiative objectives: _____

Target audience: Faculty Staff Students Community

Date/Time of initiative: _____

Amount of funding requested: \$ _____

Project/Initiative expected expenses:

Travel \$ _____

Food \$ _____

Printing \$ _____

Honorariums \$ _____

Other (describe below) \$ _____

Other sources of support (list other funding sources and amounts received)

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

How will funds provided by the OIE be used for this project/initiative?

Please submit to Tabitha Haynes at tabithahaynes@missouristate.edu.