

**Chancellor's Committee on the Status of
Lesbian, Gay, Bisexual, and Transgender Issues**

**REQUEST FOR PROGRAM FUNDING
(up to \$750)**

Please complete all four sections of the application. Applications will be reviewed and voted on by the CCSLGBTI. Please communicate any questions or concerns with Graduate Assistant Melanie D'Andrilli (mdandr2@uic.edu).

Contact information

Name:	
Representing:	
Campus address:	
Telephone:	
E-mail:	

Summary of Proposed activity

Activity Title:	
Activity Date:	
Activity Location:	
Amount of Funding Requested from CCSLGBTI ¹ :	
Is this event receiving funding from other sources?	_____ Yes _____ No

¹Typical requests for funding range from \$250 to \$500. **The maximum amount that can be requested with this form is \$750.** People and groups seeking more than \$750 should contact the CCSLGBTI co-chairs or graduate assistant in order to arrange for a special request.

Rationale for Proposed Activity

On the final page, please write a brief description and provide a rationale for the proposed activity. The description may not exceed 300 words (about one typed page). The description must:

- Describe the proposed activity
- Address the relationship of the proposed activity to LGBT issues
- Identify all presenters, speakers, and other key people involved with the proposed activity
- Discuss the primary audience and the anticipated impact of the proposed activity

Applicants may attach any additional information (such as conference brochures, descriptions of speakers, etc.) or provide web links as necessary and appropriate.

Returning This Application

Return this application via e-mail to mdandr2@uic.edu. If you have any questions, please contact the CCSLGBTI Graduate Assistant, Melanie D'Andrilli (mdandr2@uic.edu) or co-chair, Francesca Gaiba (gaiba@uic.edu).

Activity Budget and Funding

Activity Costs

Description	Amount
TOTAL ACTIVITY COSTS =	
Please identify activity cost(s) for which CCSLGBTI funds are being requested (please list below)	

Funding Sources

1. Funding from Organizations Other than CCSLGBTI			
Contributing Organization	Contact Person	Amount	
TOTAL AMOUNT RECEIVED (OR PROMISED) FROM FUNDING SOURCES OTHER THAN CCSLGBTI =			
2. Contributions from Participants/Fees Collected			
Description	Amount Per Person	Number of People	Amount
TOTAL CONTRIBUTIONS FROM PARTICIPANTS/FEES COLLECTED =			
3. Amount Requested From CCSLGBTI			
1. TOTAL AMOUNT REQUESTED =			
TOTAL FUNDING FROM ALL SOURCES =			

Rationale for Proposed Activity