



AIMC DIVERSITY GRANT PROPOSAL

Name	Date submitted
Email	Phone
Name of Project	Location
Project Start Date	Project End Date
Anticipated # of people served by the project	Requested Amount

ADDITIONAL PEOPLE INVOLVED

Name	Email	Status (student, staff, faculty)

ITEMIZED BUDGET (APPROXIMATE)

Category	Notes/details	Amount
Equipment & Supplies		\$
Personnel		\$
Travel		\$
Venue		\$
Other		\$
Other		\$
Total Budget		\$

REQUIRED: Please attach an overview of the project that includes (1) a brief description of the project, (2) how it is tied to diversity, (3) the desired results, and (4) how you plan to assess the outcome.

Questions about the Diversity Grant should be directed to scholarships@aimc.edu