

**OMA FUNDING REQUEST FORM FOR PROGRAMS/ACTIVITIES**

Submission of request 10 working days prior to activity/program. Allow 3-4 working days for decision.

*Minority Affairs, CB# 9125, South Bldg.  
Telephone: 919.962.6962 Fax 919.962.5063*

TODAY'S DATE: \_\_\_\_\_ NAME \_\_\_\_\_

I verify the accuracy of all information provided on this form and grant permission to MINORITY AFFAIRS to check all university records necessary to evaluate this request.

POSITION HELD IN ORGANIZATION: \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I. Name of Program/Activity:**

Date of Program/Activity?: \_\_\_\_\_ Location of Program/Activity: \_\_\_\_\_

Is this Program/Activity being funded from other sources (i.e., depts., other organizations, etc.) now or later?  YES  NO

If yes, what is the name of the source? How much funding are you receiving or anticipate receiving from source?

**II. Brief description of nature of activity/program and area of potential impact. (you may use additional sheets or attachments if necessary)**

**III. Explain how this activity/program enhances minority presence?**

(Requests for support of travel, lodging, meals will be considered only if there is a direct benefit that accrue to diversity. Upon completion of activity The Office for Minority Affairs requires sharing of information by reports, seminars, and discussion sessions.)

**IV. Dollar amount (\$200 MAXIMUM): Explain how these funds will be used. (attach additional sheets if necessary)**

**IMPORTANT: ORIGINAL INVOICES FOR BE SUBMITTED TO MINORITY AFFAIRS.**

-----FOR MINORITY AFFAIRS USE-----

**REQUEST DENIED [ ]      REQUEST APPROVED [ ]**

**OMA ACCOUNT NUMBER TO BE USED FOR FUNDING: \_\_\_\_\_**

**OMA COMMENTS:**

\_\_\_\_\_ *Dr. Archie W. Ervin*

\_\_\_\_\_ *Ms. Terri Houston*

\_\_\_\_\_ *Ms. Mary O. Fuller*