**University Diversity Fund 2023-2024: Application Form**

Please send the completed form to [equality@admin.cam.ac.uk](mailto:equality@admin.cam.ac.uk) by

**5pm** on **Monday 22nd January 2024.**

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| **Contact details** | | |
| Name, email and telephone number of project lead |  | |
| Please indicate if you are a student or University staff member |  | |
| Host institution where funding will be allocated |  | |
| Departmental code(s) where budget will be assigned to  **(format: AB.ABCD.ABCD)** |  | |
| **Funding information** | | |
| Amount requested (max. £1500) *(please complete the below budget table with further details)* |  | |
| **Project details** | | |
| What is the main **goal** of your project? (maximum 100 words) | | |
|  | | |
| Please specify which University Diversity Fund **objective(s)** the projectaddresses  (*see point 1 in the Further Information document*) (max 300 words) | | |
|  | | |
| Please describe how the project meets **all criteria** specified under **Terms and Conditions**  (*see point 2 in the Further Information document*) (max 300 words) | | |
|  | | |
| Please outline your project’s **plan/timeframe** including **evaluation plan** and how **the impact** of the project will be monitored (maximum 300 words) | | |
|  | | |
| **Signature from the Head of Host Institution** **or equivalent (or their nominee)** to confirm that the Institution will host the project. | |  |

Please complete the below table with the items/equipment that the requested funding will be used for. Add more rows as needed. Receipts will be required as evidence of the expenditure.

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| Budget table | | |
| Item | Quantity | Cost |
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| Total cost | | **£** |