**University Diversity Fund - Application Form**

|  |  |  |
| --- | --- | --- |
| **Contact details** | | |
| Name, email and telephone number of project lead |  | |
| Institution the funding will be allocated to |  | |
| Departmental code(s) where budget will be assigned to |  | |
| **Funding information** | | |
| Amount requested (max. £1500) |  | |
| **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 Institution** **or equivalent (or their nominee)** to confirm that the Institution will host the project. | |  |

Please send the completed form to [equality@admin.cam.ac.uk](mailto:equality@admin.cam.ac.uk) by **5pm on Wednesday 17 April**