

Diversity and Equity Initiative  
Title Page

Project Title \_\_\_\_\_ Campus \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Department/Organization \_\_\_\_\_

Campus Address \_\_\_\_\_  
(street, building, room number, city, state, zipcode)

Campus Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Area of Diversity     Culture                       Disability Access                       Gender  
                                  Ethnicity/Race                       National Origin  
                                  Sexual Orientation                       Other \_\_\_\_\_

Check List: **Submit 1 original and 9 copies**

\_\_\_ Title Page

\_\_\_ Budget/Level IV Program ID Number

\_\_\_ Narrative

\_\_\_ Information on principle investigator and organization

\_\_\_ Required signatures

\_\_\_\_\_  
Print Name of Chair/Dean/Provost/VP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach proposal narrative. (Limit 5 pages)  
Submit original plus 9 copies of proposal to:  
2600 Campus Road, Queen Lili'uokalani Center for Student Services Room 413  
Honolulu, Hawai'i 96822-2205