

## REQUEST FOR UCHI FUNDING

Requestor's Name \_\_\_\_\_

Contact information:

UCONN Mail address: Department \_\_\_\_\_ Unit# \_\_\_\_\_

UCONN Telephone Ext. \_\_\_\_\_ Other telephone number(s): \_\_\_\_\_

Name of conference/program to be funded: \_\_\_\_\_

Please briefly describe the general scope and impact of this conference/program on campus and beyond:

If the program is multidisciplinary in nature, please explain how:

Proposed format of conference/program:

Proposed date(s): \_\_\_\_\_

Number of Presenters (including Keynote speakers) \_\_\_\_\_

Who are the intended audiences?

Projected number of attendees: \_\_\_\_\_

Please provide a proposed budget (as separate attachment)

Amount requested from UCHI \$ \_\_\_\_\_

Amount requested from other funders \$ \_\_\_\_\_

Name of other possible project funders: