** OFFICE OF PLURALISM AND LEADERSHIP**

 Program Funding Proposal

The **OPAL Fund** was established to provide support for programs and events that are an expression of OPAL’s goals, prioritizing proposals that receive little to no support from other sources. Funds are a shared resource of OPAL, comprised of contributions from all advising areas and the central budget; due to a large number of requests throughout the year, OPAL's contributions range from $25 - $500.

* **Proposals are due no later than Friday at noon, at least one week prior to your event.**
* **Submit proposals to OPAL@dartmouth.edu**
* **A student representative will meet with the OPAL Fund selection team the following Tuesday afternoon to review the request.**

|  |  |
| --- | --- |
| **Organization** |       |
| **Group Advisor** |       |
| **Event** |       |
| **Date and Time** |       |
| **Form Preparer** |       |
| **Contact Email** |       |

**Prior to completing a funding proposal, please complete the following questionnaire to ensure that your program is eligible to receive funding through OPAL.**

|  |  |  |
| --- | --- | --- |
| 1. **Is this event student initiated?**
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| If you answered **No** to the above question, your program is **not** eligible for funding through the OPAL Fund. Stop and do not complete any additional forms. This fund is for student-initiated events only. |
| 1. **Is your organization a Greek Life- or COSO-recognized group?**
 |  |  |
| If you answered **Yes** to the above question, you must request funding from the Office of Greek Life or COSO prior to submitting a request to the OPAL Fund. If you did not receive funding from the Office of Greek Life or COSO, please include this in your proposed budget stating why funding was denied and the rule informing that decision, where applicable. |
| 1. **Is this request to support activities to raise funds for a charitable organization?**
 |  |  |
| If you answered **Yes** to the above question, your program is **not** eligible for funding through the OPAL Fund. Stop and do not complete any additional forms. |
| 1. **Does the requested funding exceed $500?**
 |  |  |
| If you answered **Yes** to the above question, please reduce the amount of your request or secure additional funding for your program before submitting your proposal. |
| 1. **Is the proposal being submitted at least one week prior to the date of your event?**
 |  |  |
| If you answered **No** to the above question, your program is **not** eligible for funding through the OPAL Fund. Please reschedule your event to receive funding from OPAL. |

**In order to qualify for consideration of an OPAL Fund Award, requests must meet the following criteria:**

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| 1. **The event or activity must reflect OPAL’s core functions and the OPAL Mission Statement.** *OPAL's mission is to foster a Dartmouth where all students can thrive, value difference, and contribute to the creation of a socially just world.*
 |
| **Please indicate which of the following core function(s) your event serves:**[ ]  Equity[ ]  Social Justice[ ]  Identity Exploration[ ]  Cultural Affirmation[ ]  Intergroup Dialogue/Understanding[ ]  Leadership for Social Change |
| **Please describe the nature of your event and how it relates to OPAL’s Mission. Additionally, please state how this program meets your organization’s goals. Attach additional sheets, if necessary.**      |
| 1. **The event or activity must meet our funding requirements.**
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| **Please describe other sources of funding you have pursued (include pending requests) and the funding that has been granted:**

|  |  |  |
| --- | --- | --- |
| **Organizations and Funds** | **Amount requested** | **Amount Received** |
|       | **$**      | **$**      |
|       | **$**      | **$**      |
|       | **$**      | **$**      |
|       | **$**      | **$**      |
|       | **$**      | **$**      |
|       | **$**      | **$**      |
| **Total Funding** | **$**      | **$**      |

**Additional notes:**      |
| 1. **The request for funding must be accompanied by a budget proposal for the event or activity.**
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| **Please outline the proposed costs for your event including both proposed purchases/expenses and any revenues generated (i.e. ticket sales):**

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| --- | --- |
| **Planned Purchases** | **Anticipated Cost** |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
| **Total Costs** | **$**      |

**Additional Notes:**

|  |  |
| --- | --- |
| **Total Expense of Event** | **$**      |
| **Total Requested from OPAL** | **$**      |

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| 1. **Required Signatures**
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preparer of Form** |       |  |  |  |       |
|  | (Print) |  | (Sign) |  | (Date) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **President/VP** |       |  |  |  |       |
|  | (Print) |  | (Sign) |  | (Date) |

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**REMINDERS:**

* **If funding is granted, you are required to list OPAL as one of your sponsors and put the OPAL logo on all marketing materials.**
* **The POST-EVENT REPORT FORM must be submitted no later than ONE WEEK AFTER the event in order to receive the transfer of funds**