

Guidelines for Intellectual Enrichment Grant

Complete the form on the other side and attach a description of your program, including the purpose of your program.

Your Proposal ...

- *The Amount of request, and the total budget including other funding sources*
- *We also need to know the number of people (faculty, students, staff, etc.) you expect to attend or to be served*
- *Your proposal need not exceed one page and must be received before noon on Wednesday*
- *If you are requesting a check or reimbursement exceeding \$125, please allow two weeks from the date of approval.*
- *If you are requesting food from Dining Services, you must obtain a quote and attach it when submitting your proposal*
- *The Committee meets weekly on Wednesdays during the term.*
- *All reimbursement receipts must be received in the Dean of Student Office within two (2) weeks following the Event.*

Please do not e-mail proposal. Once approved, you will receive an e-mail assigning a number to your proposal and informing you of the amount approved. Your grant will then be referred to by the **PROPOSAL NUMBER ONLY.**

In general, the IEG does not fund:

**speaker fees, stipends or travel*
**community service*
**community outreach*
**prize money*

**conference registration*
**seed money for ongoing projects*
**Events that have already taken place*
**mandatory class meetings or projects*

**INTELLECTUAL ENRICHMENT GRANT PROPOSAL (IEG)
2007-2008**

(DOSO office use only)

Proposal # _____

Date Submitted _____

Amount Approved _____

Term *Fall* _____
 Winter _____
 Spring _____

Date Completed _____

Administrative ____ Dinner w/Faculty ____ Arts/Cultural (local) ____ Program _____ Trip _____

Reception ____ Other _____

Please complete the section below

Proposal Title _____

Audience for whom your proposal is intended - (briefly explain)

Date of Event _____

Summary Please see guidelines on reverse side

Contact Information:

Name _____ ID# _____

Phone _____ E-mail Address _____

Group/Department _____ Account # _____

Amount Requested _____ (*attach itemized budget with proposal*)

Participating Faculty Signature _____
(an administrative staff or faculty member **must** sign this form)

Please Indicate Type of Disbursement:

Dining Services _____ In order to book your event, you **must** provide Dining Services with the **IEG number** given to you via email.

Reimbursement _____ (original receipts **must be provided within 2 weeks of the Event**)

Transfer Funds _____ Account # _____
(funds **cannot** be transferred without an account number)

