

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: