

Contact		
Name		
Department		
Name of Event		
Date of Event		
Location of Event		
ALL CATERING/HONO	RARIUM REQUSITI	ONS AND REIMBURSEMENT REQUESTS
MUST BE	E <u>COMPLETED WIT</u>	THIN 30 DAYS OF EVENT
Fund Goals		
its three overarching goals.	The goal includes a conclusive. In support of	des Cultivating a Community of Care as one of ommitment to create a campus climate that is this commitment, the college has established
*		r faculty and staff to host college-wide events, groupings of cultures, and/or gender
divisional committee. Below	w are the deadlines for ia via email at ygarcia	evaluated by an interdisciplinary and crossfall submissions. Applications should be @qcc.cuny.edu. Award notification will be sen below.
The maximum award is \$30	00	
AY 2024-2025 Deadlines Applications will be accepted	ed on a rolling basis	
Event Description Briefly describe your event and sense of community thr		ice the Strategic Plan's goal to create belonging inclusive practices.
How many overall participa Please approximate the num Faculty Staff		1 0 1

Queensborough Mosaic Fund Application- AY 2024-2025

Budget Request Please indicate the the amount. Stipend Refreshments *Other Total:	
* If "other" is indic	cated, briefly describe how the funds will be used.
Please indicate if f	funding from another source will be used to supplement funding. If yes,
identify source and	
agree to manage al	, I affirm that I take full responsibility for the coordination of this event and I related tasks, including publicity, space reservation, public safety voice receipt and payment, collection of forms to facilitate stipend payment,
Signature	
Date	
Committee Approv	val – For administrative use.
Amount Awarded Date	
Comments:	