# 2020 – 2021 Inclusion GRANTS



# College of Humanities and Social Sciences (CHSS)

### **Application for Funding**

**Application Deadlines:** The CHSS Inclusion Committee has set two deadlines for the academic year: October 15 for fall and spring projects, and February 15 for spring and summer projects. Applicants should allow sufficient time to complete all steps of the application process well before the deadline. Late applications will not be accepted.

The CHSS Inclusion Committee invites applications and nominations for the newly established CHSS Inclusion Grants and Awards; the committee will award up to $10,000. Many of our CHSS faculty and staff are already seriously engaged with promoting UVU’s focus on diversity, equity, and inclusion in their activities and scholarship. Inclusion Grants provide an opportunity for monetary support for nominees’ continued pursuit of inclusion. Inclusion Awards recognize individuals and programs whose past and continued work for inclusion sets the bar for the rest of CHSS. As such, the Inclusion Grants and Awards program serves a two-fold purpose: providing support for existing inclusion efforts and encouraging members of CHSS to consider the value of inclusion in planning future activities.

**Inclusion Grants:**

There will be two calls for application for CHSS Inclusion Grants, with deadlines in Fall (October 15) and Spring (February 15). The Inclusion Grant application process is similar to that of the ELLA Grant. Possibilities for applications include, but are not limited to: a speaker or event with an inclusive focus, underrepresented student outreach or support, research related to questions of diversity, equity, and/or inclusion. Within one month of the application deadline, the CHSS Inclusion Committee will notify applicants of the decision. Inclusion Grant funds must be used by the end of the academic year on June 30.

In preparing your application, consider utilizing UVU’s Strategic Inclusion Committee definitions available here: <https://www.uvu.edu/inclusion/docs/inclusion_key_terms.pdf>.

Applicants are encouraged to consult the Adjudication Document as they complete this application.

Submit completed applications in hard copy or by PDF to:

**Jolene Arnoff**

**Dean’s Office MS 144**

**College of Humanities and Social Sciences**

[**arnoffjo@uvu.edu**](mailto:arnoffjo@uvu.edu)

**(801) 863-8743**

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| General Information | | | |
| **Name**: |  | | |
| **Department**: | | |  |
| **Phone**: | |  | |
| **E-Mail**: | |  | |

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| project | | | | | | | | |
| **Date of Application:** | | |  | | | | | |
| **Title of Project:** | |  | | | | | | |
| **Others Involved in the Project (expand this section as necessary):** | | | | | | | | |
| Name: |  | | | Student/ Faculty/ Staff: |  | E-Mail: |  | |
| Name: |  | | | Student/ Faculty/ Staff: |  | E-Mail: |  | |
| Name: |  | | | Student/ Faculty/ Staff: |  | E-Mail: |  | |
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| abstract for proposal | | | | | | | | |
| Not to exceed 500 words. In the space below, please briefly describe your project, its time frame and specific objectives. The committee is looking for well-written abstracts that articulate clearly and concisely the goals and scope of the project. | | | | | | | | |
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| PROJECT ASSESSMENT AND RELEVANCE TO INCLUSION IN CHSS | | | | | | | | |
| 1. **How will your proposal contribute to promoting inclusion in CHSS?**   **How will your proposal contribute to UVU’s mission of inclusion?** | | | | | | | | |
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| 1. **How do you intend to assess and measure the results of your grant? (At the conclusion of the grant year recipients will be asked to submit a one page summary describing the results of the project.)** | | | | | | | | |
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| budget information | | | | | | | | |
| In the space below, or on a separate sheet if necessary, please include a detailed, itemized budget that breaks down the monetary request (e.g., travel, equipment, hotel, fees, printing) and explains clearly how the money will be used. Complete budget information (cost and revenue) for each participant should be listed, including how funding from other sources will supplement CHSS Inclusion grant money. | | | | | | | | |
| Amount Requested: | | | | | | | | |
| Has additional funding been requested? If yes, when and from where? | | | | | | | | |
| Itemized Budget: | | | | | | | |

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| **DEPARTMENT CHAIR ENDORSEMENT: An application will not be considered without the chair’s endorsement.**  **Please indicate your endorsement of the project and make your comments evaluative as well as descriptive.** | |
| Comments: | |
| Signature: | Date: |