Inclusive Excellence Grants Application for Events, Conference and Travel and Professional Development

First & Last Name*:

School/College/Unit*:

Grant Title* (or name of conference):

Overview*
Provide an overview of your program.

Justification*
How does the purpose of the grant request align with the University's ACE goals, support CU Denver's goal of making education work for all and/or advance ACE-related outcomes?

Evaluation*
What sort of data will be collected to measure the impact of your grant request? What outcomes will be delivered that are consistent with campus-wide ACE goals?

* = Required Field, characters limited to the size of the text field

Funding*
Have you secured (or are you considering) any other funding sources? If yes, please explain.
Grant applications that are cost shared will have a higher potential to be approved.

```
```

Do you agree to follow all funding rules of the grant*:
Funding will be awarded post event, conference or professional development program.
All activities and expenses must occur during the spring 2025 semester. (January 2025 - May 2025)
If awarded, funds will be transferred to a speedtype after completion of the program. You must provide a 610/611 speedtype to receive funds.
All travel, airfare must be booked through Concur/Christopherson Business Travel.
The Office for ACE does not cover personal reimbursements, book travel or manage any purchases for awarded grants.
All CU Denver procurement and finance rules must be followed.

YES   **NO**

Estimated Expenses* *Please list all estimated expenses and an estimated total.*
Estimated Total:

Anticipated Expenses	Estimated Cost
Conference Registration Fee	
Flight	
Hotel	
Per Diem (meals) Per Day	
Car Rental/Ride Shares	
Event Catering	
Event Venue Rental	
Event Marketing and Promotion	
Event Speaker/Presenter	
Event AV Rental	

* = Required Field, characters limited to the size of the text field

Additional Questions for Conference and Travel Grants

Link to conference

Dates of Conference

Location (City, State)

Will you be presenting at the conference?

   YES
   NO

Specific sessions, speakers or activities related to ACE you will be attending at the conference.

Additional information about the conference:

= Required Field, characters limited to the size of the text field

Please list all students who will be receiving funding from this grant. To receive funding as a student group you must have 5 or more students listed.

First and Last Name	CU Denver Email	Student ID Number (SID)

Are all students listed on this application currently enrolled at CU Denver?

YES

NO

* = Required Field, characters limited to the size of the text field

Type of Professional Development Funding Requested:

☐   Continuing Education (class or workshop)

☐   Participation in a professional organization

☐   ACE based training

☐   Other: [   ]

What skills will be gained through this professional development opportunity?

How will these skills assist you at your position at CU Denver?

How will this opportunity expand your professional network?

Additional information about the Professional Development Request:

* = Required Field, characters limited to the size of the text field

Additional Questions for Events

Event Date

Start and End Time

Location

Estimated number of attendees

Target population/attendees (who is this event open to)

Additional information about the event:

* = Required Field, characters limited to the size of the text field