Anti-Racism Initiatives Fund Grant Application

UBC’s Anti-Racism Initiatives Fund, established in 2021, supports initiatives and programming that celebrate and elevate diverse communities and support anti-racism initiatives at our UBC Vancouver and Okanagan campuses.

Students, faculty, and staff members across both campuses are encouraged to apply for funds in support of anti-racism initiatives, including those that celebrate, elevate, and build greater awareness and understanding of diverse cultures that make up our UBC community. Funds may be used to host speakers, showcase cultural performances, and/or celebrate cultural months (e.g., Black History Month, Lunar New Year).

# APPLICATION

Applications must be made by a current UBC student, faculty, or staff. It is the applicant’s responsibility to ensure that the application is received in full.

Applications are to be submitted by email and should be received on or before the call for proposal deadline.

# CRITERIA

The funds provide support within UBC for student, staff, and faculty initiatives, projects, events, programs, and activities that are University and campus oriented, of broad interest, enhance the reputation of the University, and celebrate and elevate cultural programming and awareness at UBC. The fund is administered by a Committee, which is comprised of university staff, students, and faculty.

The Anti-Racism Initiatives Fund Committee may allocate up to $10,000 per project. Partnerships and proposals with matching funds are strongly encouraged.

Applicants that are awarded funding are required to provide a brief written report and final financial statement submitted to the Committee four weeks after the project/initiative/ has been completed.

# CONTACT

Anti-Racism Initiatives Fund Committee
Office of the Vice President, Students
6328 Memorial Road
Vancouver, BC V6T 1Z2
Tel: 604.822.3644 Email: vpsassist@mail.ubc.ca

# Applicant Information

## Primary Applicant

|  |  |
| --- | --- |
| **Full Name** |  |
| **Student/Faculty/Staff *(if student also include degree and year)*** |  |
| **Title (if applicable)** |  |
| **Department/Faculty/School** |  |
| **Email address** |  |
| **AMS/GSS/SUO Student Club or group (if applicable)** |  |
|  |  |

## Co-applicant(s)

|  |  |
| --- | --- |
| **Name(s)** |  |
| **Unit(s)** |  |
| **Email address** | * …
* …
 |

# High-level Proposal Summary

## Title

*Please provide a very brief title for your proposed program/initiative/activity/event.*

|  |  |
| --- | --- |
| **Title** |  |

## Intended Outcome

*In one or two sentences, what outcome (value, benefits) will this project/initiative/program/activity/event deliver?*

|  |  |
| --- | --- |
| **Intended Outcome** |  |

## Amount Requested

*Please indicate the amount of funding requested from the Diversity Initiative. Please note the Committee may allocation up to $10,000 – generally will range between $500 to $10,000.*

|  |  |
| --- | --- |
| **Amount** | $ |

# Proposal Details (2 Page Limit)

*Please limit this section to two pages or fewer (including the existing titles and section descriptions). If this section is longer than two pages, the proposal may be disqualified at the chair’s discretion.*

## Project Scope and Deliverables

*Describe the specific program/initiative/activity/event (scope), and the deliverable(s)/outcomes that will be produced. Explain how the work and deliverables will lead to the intended outcome described in section 1.2. Please indicate how this proposal aligns with the* [*UBC Strategic Plan*](https://strategicplan.ubc.ca/core-areas-and-strategies/) *core areas and strategies.*

|  |  |
| --- | --- |
| **Scope & Deliverables/Outcomes** |  |
| **Alignment with the UBC Strategic Plan** |  |

## Duration

*Indicate the estimated duration of the project, noting key milestones. Proposal funding decisions are typically announced 6-8 weeks after the proposal deadline.*

|  |  |
| --- | --- |
| **Estimated start date** |  |
| **Estimated completion date** |  |

## Benefits

*Indicate how the initiative/event/activity/program will benefit the University Community.*

|  |  |
| --- | --- |
| **Benefit and impact of the proposal on the University Community.** |  |

# Resources

## Budget

*Provide a complete budget for the funds requesting. Add rows to the table as needed.*

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total budget** |  |
| **Amount funded through other means (if any)** |  |
| **Amount requested from the Diversity Initiatives Fund** |  |
|  |  |

## General Information Unit Responsibility and Human Resources

*Indicate and identify the members or department, units, clubs that will be part of this project. Note the number of students, faculty, and staff who will directly benefit from this initiative. which unit will be responsible for the project and any subsequent operational considerations. Indicate who will be responsible for ensuring successful delivery and contributing to the project.*

|  |  |
| --- | --- |
| **Proposal Team Roles** |  |
| **Number of students, faculty, and staff who will directly benefit.** |  |

## Recognition

*Briefly describe how you will recognize the Anti-Racism Initiative Fund and UBC.*

|  |  |
| --- | --- |
| **Recognition of the Anti-Racism Initiative Fund** |  |

## Payment Details Required

*The transfer of funds will be to UBC faculty/school/department account OR via AMS/GSS/SUO Club account. Please provide the following information:*

|  |  |
| --- | --- |
| **Faculty/School/Department to receive funds** |  |
| **Department Finance Contact Name, Title, Email** |  |
| **Or Cheque payable to AMS/GSS/SUO c/o Club Name and Club Title** |  |

# Supporting Documentation

## Letter of support

Please provide a letter of support from your dean, or department head, or director, or AMS/GSS/SUO if an AMS/GSS/SUO student club. Please include the letter of support within the PDF.

## Signatures

*Signatures to be completed by Primary & Co- Applicant(s).*

* I/we agree to return any surplus funds not used for the purposes stated in the application.
* I/we agree to abided to the terms and conditions as stated in this application. The information submitted is true and correct to the best of my/our knowledge. *Please insert additional signature lines as needed.*

|  |  |
| --- | --- |
| **Full Name****Title** |  |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Full Name****Title** |  |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Full Name****Title** |  |
| **Signature** |  |
| **Date** |  |