



Contact	
Name	
Department	
Name of Event	
Date of Event	
Location of Event	

ALL CATERING/HONORARIUM REQUISITIONS AND REIMBURSEMENT REQUESTS MUST BE COMPLETED WITHIN 30 DAYS OF EVENT

Fund Goals

Queensborough's 2021-2026 Strategic Plan includes Cultivating a Community of Care as one of its three overarching goals. The goal includes a commitment to create a campus climate that is respectful, affirming, and inclusive. In support of this commitment, the college has established the Queensborough Mosaic Fund.

The Mosaic Fund provides financial resources for faculty and staff to host college-wide events that explore, uplift and celebrate specific cultures, groupings of cultures, and/or gender identities.

Applications are accepted on a rolling basis and evaluated monthly by an interdisciplinary and cross-divisional committee. Below are the deadlines for fall submissions. Applications should be submitted to Yessenia Garcia via email at ygarcia@qcc.cuny.edu. Award notification will be sent via email within one week of the deadlines listed below.

The maximum award is \$1,000

AY 2023-2024 Deadlines

Submit applications by the date below

Fall: September 8, October 6, November 3, December 1

Spring: February 2, March 1, March 29, April 26

AY 2023-2024 Meeting Dates

Applicants should be able to attend a virtual meeting with the Mosaic Fund committee to address any questions related to the request. Zoom details will be provided upon submission of applications by the due date listed above. All meetings are held at 3pm

Fall: September 14, October 12, November 9, December 7

Spring: February 8, March 7, April 4, May 2

Event Description

Briefly describe your event and how it will advance the Strategic Plan’s goal to create belonging and sense of community through welcoming and inclusive practices.

How many overall participants are expected? _____

Please approximate the number of participants expected from each group.

Faculty _____ Staff _____ Students _____ External Community _____

Budget Request

Please indicate the amount requested. If requesting a stipend, explain below how you determined the amount.

Stipend _____

Refreshments _____

*Other _____

Total: _____

* If “other” is indicated, briefly describe how the funds will be used.

Please indicate if funding from another source will be used to supplement funding. If yes, identify source and amount.

With my signature, I affirm that I take full responsibility for the coordination of this event and agree to manage all related tasks, including publicity, space reservation, public safety communication, invoice receipt and payment, collection of forms to facilitate stipend payment, etc.

Signature	
Date	

Committee Approval – For administrative use.

Amount Awarded _____

Date _____

Comments: