



EL CENTRO DE LA RAZA  
UNM PROGRAMMING SUPPORT  
FUNDING APPLICATION

COMPLETE AND SUBMIT THIS APPLICATION TO EL CENTRO DE LA RAZA

Contact Person: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

Student Org or Department: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Index & Account Code (or Banner ID, if appropriate): \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**Application Requirements:**

- Attach (2-3 pages) a description of the goals, objectives, and benefits to you/department/UNM/community, timelines, and target population. Please include answers to the following questions within the description:
  - Number of participants (student/faculty/staff and/or community)
  - New information/skills/attitudes/behaviors or learning objectives for participants
  - Collaboration or partnership(s)
- Complete attached budget proposal form for the activity/event.
- Which El Centro Goals does this activity/program impact? (check all that apply)
  - Academic Support for UNM students and families
  - Advising UNM students and families
  - Assessment of El Centro de la Raza activities/programs
  - Cultural programming for students, families and community
  - Leadership development for UNM students
  - Outreach to current UNM students and families
  - Outreach to pre-college (K-12 and/or transfer students and families)
  - Peer Mentoring for UNM students

**I understand that funding recipients are only allowed one \$300 sponsorship award, per academic year, from the UNM programming support funding budget. If awarded, it may take up to two weeks to process.**

All the information on this application, and attached to this application, is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Org. Sponsor / Director / Dean Signature

\_\_\_\_\_  
Date

**Return to:**  
**El Centro de la Raza**  
**1153 Mesa Vista Hall MSC 06-3830**  
**1 University of New Mexico**  
**Albuquerque, NM 87131**  
**Telephone # 505-277-5020, Fax # 277-5182**

*FOR OFFICE USE ONLY:*

Director approval: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Notes: \_\_\_\_\_

**ELCENTRO DE LA RAZA**  
**UNM PROGRAMMING SUPPORT FUNDING**  
**PROPOSED BUDGET**

Organization/Department Name: \_\_\_\_\_

Name of Project/Activity/Event: \_\_\_\_\_

LIST EXPENSES	AMOUNT	JUSTIFICATION

Total Estimated Cost: \_\_\_\_\_

OTHER (ANTICIPATED) SOURCES OF FUNDING      AMOUNT


\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Org. Sponsor / Director / Dean Signature Date