

Human Rights Enhancement Program Proposal Form

Program/Event Name:	
Program/Event Dates(s):	
Dollar Amount Requested (maximum \$500):	

This event or program enhances human rights by providing education and enrichment related to the following:

Please check all that apply.

- equal employment opportunity fair employment practices (including fair chance for employment)
 fair housing fair lending fair access to places of public accommodation service animals
 Americans with Disabilities Act equity inclusion diversity other: _____

How will this proposed event, activity or program enhance human rights in Columbia? (100 word limit)

Why does this issue need to be addressed in our community? (100 word limit)

Who is the target audience for this program or event? How many people do you anticipate will attend and participate? (50 word limit)

How will you promote this event, activity or program? (100 word limit)

Description of Program or Event Details

What specific activities/services will be provided with this funding? Please provide a detailed overview of the program and the specific activities or event. (250 word limit)

What are your accessibility plans for the program? (100 word limit)

Is the venue compliant with the Americans with Disabilities Act? yes no

Will you have a sign language interpreter? yes no

Additional details/comments:

PROGRAM OR EVENT BUDGET

Program Revenue	Proposed Program or Event Budget
DIRECT SUPPORT (e.g. donations, fundraising)	
GOVERNMENT CONTRACTS/SUPPORT:	
• City of Columbia - Other	
• Other Local Government	
• Federal (e.g. Medicaid, Title III, etc.)	
• State (e.g. purchase of services, grants, etc.)	
• Other (e.g. schools, courts, etc.)	
Admission or other Fees	
Foundations/Corporations	
Other Revenue Items (e.g. investment income)	
Total Program Revenue	

Organization Name:			
Mailing Address:			
City:			
State:			
Zip:			
Phone:			
E-mail Address:			
Web Site:			
Head of Organization (e.g. Executive Director, President)			
Name:			
Title:			
Phone:			
E-mail Address:			
Contact for Proposal			
Name:			
Title:			
Phone:			
E-mail Address:			
Is your organization affiliated with or part of a larger organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Name of organization:	

Provide your organization's mission statement or general purpose. (50 word limit)

Provide a brief history of your organization including the number of years the organization has been in operation. (100 word limit)

Proposal Agreement and Certification

I certify that the information included in this proposal is true, accurate and submitted with the approval of the applicant organization's governing board.

Certified By (Name):	
Title:	
Date:	

Proposal Submission

Completed proposals, along with the required documents, should be submitted to:

City of Columbia
 Diversity, Equity and Inclusion Administrator
 701 E. Broadway, 2nd Floor
 P.O. Box 6015
 Columbia, MO 65205-6015

- HumanRights@CoMo.gov