## Attachment B: EWU Board of Trustees' Diversity Initiative Checklist/Orientation

Title of Proposal:	
Date:	
Grantee:	
Amount:	
Purpose: The purpose of this checklist is tunderstands the responsibility associated checklist completion is required prior to fu	with accepting this award. This
Initial/Date:	
I understand that the orientation Grant Office is a mandatory train	n/mandatory training conducted by the ning.
I understand the "No extensions	/deadline rules."
I understand budget considerati	ons/use of funds.
of the grant project. (No later that date falls on a weekend report mubefore.	
I understand that diversity initia expensed according to University	ative funds are state funds and must be y and State policies.
I acknowledge all of the above.	
Print Name (Grantee/s)	Print Name (Grants Office Staff)
Signature	Signature
Signature	