Partnerships for Diversity and Inclusion
Inclusive Community Grants Program
Grant Contract

Program Date: ______________________  Funding Amount: ___________

FOAPAL: __________________________

Fund Transfer Steps:

1. Sign and return contract to partnerships@wellesley.edu (Green Hall, Room 348). The
Partnerships will submit a journal entry to the Controller’s Office to transfer the funds to
the appropriate FOAPAL.

2. Plan and execute your program, and email your grant report within 30 days of the end of
the program. The Partnerships will review the report to ensure the program matches the
original application.

Terms of Allocations:

1. The program will be organized as described in the original Inclusive Community Grant
application. Should the program change in major ways (date/time, location, audience,
budget, etc.), the sponsoring group(s) are required to notify the Partnerships for approval.

2. All publicity materials for the program need to clearly state Partnerships
sponsorship. These include, but are not limited to, email announcements, flyers, posters,
calendar listings, promotional videos, brochures, social network sites, etc.

3. Programs must be listed in the Wellesley Events Calendar at least two weeks before the
program date. The program must be advertised to entire Wellesley campus.

4. Should the program require tickets for attendance, the Partnerships reserves the right to
ask for up to two (2) tickets free of charge so that Partnerships representatives may review
the program.

5. A post-program report must be submitted to the Partnerships within thirty (30) days of the
program date. Reports should be emailed to partnerships@wellesley.edu.

6. You agree to participate in a Grantee “debrief” meeting if invited to do so.

Please do not hesitate to contact the Partnerships with any questions regarding this contract or its
terms. Failure to meet the above terms could result in forfeiture of allocated funds, in which case
the sponsoring group is financially responsible for any funds already spent in the program planning
process.

Name (please print): ___________________________  Email: _________________________
Signature of Proxy for the Organizers: ____________________________  Date: __________