

'STUDENT WELLNESS GRANT' – EXTENSION OF THE DIVERSITY AND INCLUSION (D&I) GRANT FOR NUS STUDENT ORGANISATIONS

The D&I Grant, funded by Lien Foundation Fund, aims to seed an inclusive mindset in our students and promote a NUS culture of D&I by equipping them with cultural intelligence (CQ) and be future-ready to work effectively with people from diverse backgrounds & cultures. The inclusion of wellness initiatives allow NUS student organizations to promote greater mental wellbeing and reduce stigma within the NUS community.

Funds may be used for one or more of the following purposes (these will vary, based on the needs of student organization, and the list is not exhaustive):

- **Raise awareness of mental wellbeing and mental health issues**
- **Encourage help-seeking behaviour**
- **Reduce mental health stigma**
- **Promote self-care practice**

Procedure for funding

1. The initiatives planned should come under the oversight of a staff advisor.
2. In the **proposal form** below, student organizations are requested to submit a summary of the planned activities and how their effectiveness will be measured. Student Wellness may request for further details of the plan and other information required for reporting purposes, and to inform decisions the amount to be funded.
3. The student organization can be funded up to 100% of the overall project costs and capped at \$1,000 per project. Reimbursement is done through the submission of receipts.
4. Student organizations are requested to complete and submit this form to Mr Leo Lee (leo.lee@nus.edu.sg) at least 4 weeks before the activity.
5. A 2-3 page **evaluation report** of the activities conducted, together with the **RFP** form (if applicable), should be submitted within 4 weeks after the actual event.

(d) Safety Measurement and contingency plan

(e) Partner units/external partners if any

(f) Projected timeline

Please describe how you plan to evaluate the extent to which the objectives have been met.

Budget requested:	Items	Amount	
	Total requested:		
WBS to receive the funds (if applicable)			
Comments (if any)			
Name and signature of Student in charge	Name	Signature	Date
Endorsement by Staff Advisor	Name	Signature	Date

For OFFICIAL USE

Review by Student Wellness	Date received:
Comments	
Name and signature of Reviewer	 _____ Name Signature Date
Approval	Date received:
Comments	
Name and signature of Approver	 _____ Name Signature Date