NAZARETH UNIVERSITY

NON-ACADEMIC PROGRAM/CO-SPONSORSHIP EVENT PROPOSAL

Print Form | Reset Form

Program

Program Name _____

Starting Date _____ Ending Date _____ Annual : ☐ Yes ☐ No

Estimated # of Program Attendance _____ Est. Naz Attendance _____ Est. Community Attendance _____

☐ Involving Minors (Non-Naz. students) If Yes, Age Range: _____

Ownership ☐ Nazareth ☐ 3rd Party _____

If Yes to 3rd Party, Contact _____ Title _____

Phone _____ E-mail Address _____

**Required document: 1) Facilities Use Agreement 2) Certificate of Insurance*
**The 3rd party will be responsible for any out of pocket costs(facilities setup, housekeeping, media, campus safety, etc)*

Is it co-sponsored by a Nazareth department? ☐ Yes ☐ No

** Department sponsors agree to attend the event and act as a host. The department representative will be the direct contact to reserve space and equipment.*

If Yes, Which Dept? _____

Has the department co-sponsored this event in the past? ☐ Yes ☐ No When? _____

Program Director

Director/Coordinator _____ Department _____

Phone Number _____ E-mail Address _____

Program Details

** Please describe the nature of the event and the departmental involvement.*

Scope

Purpose

Projected Outcomes:

1. _____
2. _____
3. _____
4. _____
5. _____

Activities

Check all that apply

☐ On Campus Overnight Stay Number of Nights _____ Location of Stay _____

☐ Field Trip # of Trip(s) _____

1. Trip to: _____ How will you transport participants? _____

2. Trip to: _____ How will you transport participants? _____

☐ Swimming a. How will you secure a life-guard(s)? _____

b. Where will you swim? _____

☐ Rock Climbing ☐ Horseback Riding ☐ Bicycling ☐ Hiking ☐ Boating ☐ Challenge/Rope Activity

☐ Other Describe: _____

Staffing

Are you planning on hiring Nazareth staff to run this program? ☐ Yes ☐ No Students? ☐ Yes ☐ No

** Note that student workers need to be active, current students. Not ones that have graduated.*

If Yes and if Including Minors, Protection of Minors Policy MUST be followed including: a. Background Checks on Staff

b. Emergency Protocol Training

If Yes, # of Naz Faculty _____ ☐ Paid by Naz # of Naz Staff _____ ☐ Paid by Naz # of Naz Students _____ ☐ Paid by Naz

# of Health Personnel _____ ☐ Paid by Naz # of Volunteers _____

(e.g.: Physician, nurse practitioner, emergency medical technician, or other person acceptable to the permit-issuing officials by NYS) *(Non Naz volunteers)*

Estimated # of Program Staff _____

Funding (How will the program be funded?)

Estimated Salary Expense _____ Estimated Other Expense _____ **Total Estimated Budget** _____

Check all that apply

☐ Registration Fee Estimated Participant Fee _____ ☐ On Campus Stay *(Contact Controller's Office for On campus Stay fee per night)*

☐ Department Budget a. G/L Account# _____

b. Estimated Amount _____

☐ Fund-raising a. Type of Fund-raising _____

b. Estimated Amount _____

Program Registration

How will participants register? ☐ Eventbrite ☐ Other explain: _____

How will the program/event be promoted?

explain: _____

Food

☐ Not Applicable

If providing food during the Program, who will coordinate and pay invoices? ☐ Nazareth ☐ 3rd party

☐ Breakfast ☐ Catering through Sodexo ☐ by Others explain: _____

☐ Lunch ☐ Catering through Sodexo ☐ by Others explain: _____

☐ Snacks ☐ Catering through Sodexo ☐ by Others explain: _____

☐ Others explain: _____

Approval

Submitted by _____ Date: _____ Supervisor Approval _____ Date: _____ VP Approval _____ Date: _____

Distributed to (check all that apply): ☐ Campus Operations ☐ Controller's Office ☐ HR ☐ Res. Life ☐ Other: _____