



# NON-ACADEMIC PROGRAM/EVENT PROPOSAL

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## 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 \_\_\_\_\_ *\*Required document: 1) Facilities Use Agreement  
2) Certificate of Insurance*  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ *\*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. \_\_\_\_\_

Check all that apply

Activities

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: \_\_\_\_\_

Not Applicable

Food

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: \_\_\_\_\_