



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? ePly 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: _____