

# **Proposal: Multiple Academic Unit Wellbeing and Success Programming**

**Primary Contact Name/Title:**

**Primary Contact Email:**

**Participating Units (up to three):**

***Review each of the following required documents. When you have completed and attached these documents to this proposal form, check the relevant boxes.***

Proposal Cover Page (this page)

Narrative description (two pages, maximum) of proposed activity, including:

- Description of the activity, including proposed timeline;
- Purpose of submitting a proposal in collaboration with other units;
- Target audiences across all participating units;
- Expected learning outcomes from your unit's participation in the activity.

Budget, including transportation, lodging, and professional fees. Note that the following items cannot be funded: directly-purchased food/beverages, gifts, activity-associated consumables like books, mugs or water bottles, or clothing. The maximum amount that can be requested with a multiple-unit proposal is \$25,000.

***Review the statements below, check each box to indicate confirmation, and sign as requested.***

As applicable, faculty, staff, and/or students in all participating units have discussed and support this proposal. Those who do not support this proposal have been provided with the opportunity to discuss their concerns.

If funded, I understand that, with collaborators in the other units, I will be expected to produce a post-activity report to help assess the effectiveness of this funding program.

My signature below affirms that the information in this proposal is accurate and that I authorize this proposal for submission and review.

***Insert the name of each participating unit's dean in the appropriate fields on page two. When complete, save your proposal package as a single PDF file and route it to your dean's office. Your dean will route the proposal to the next dean indicated.***

***You will receive a notification when your proposal has been received by the Office of Faculty Success. Please allow at least 14 calendar days for review of your proposal.***

**TO BE COMPLETED BY PRIMARY CONTACT'S ACADEMIC DEAN:**

**NAME:**

**EMAIL:**

On a scale of 1-5 with 5 indicating a proposal that is highly likely to significantly benefit faculty, staff, or students, I rate this proposal as:

My signature here indicates that I support this proposal.

*Please route this proposal to the administrator listed below.*

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**TO BE COMPLETED BY PARTICIPATING UNIT'S ACADEMIC DEAN:**

**NAME:**

**EMAIL:**

On a scale of 1-5 with 5 indicating a proposal that is highly likely to significantly benefit faculty, staff, or students, I rate this proposal as:

My signature here indicates that I support this proposal.

*Please route this proposal to the administrator listed below. If no administrator is listed, please route this proposal to the Office of Faculty Success (luciana.c.cavazos@ttu.edu).*

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**TO BE COMPLETED BY PARTICIPATING UNIT'S ACADEMIC DEAN:**

**NAME:**

**EMAIL:**

On a scale of 1-5 with 5 indicating a proposal that is highly likely to significantly benefit faculty, staff, or students, I rate this proposal as:

My signature here indicates that I support this proposal:

*Please route this proposal to the Office of Faculty Success (luciana.c.cavazos@ttu.edu).*