## Proposal: Administrative and Support Unit Wellbeing and Success Programming

Unit Supervisor Name:  Unit Supervisor Title:  Unit Supervisor Email:			
		Review each of the following required docume documents to this proposal form, check the re	ents. When you have completed and attached these levant boxes.
		Proposal Cover Page (this page	ge)
Narrative description (two pa	ges, maximum) of proposed activity, including:		
<ul> <li>Anticipated outcomes of wellbeing/success in the</li> </ul>			
• Expected timeline for the	e program or activity, including intended completion date.		
items cannot be funded: direct medications, gifts, or consuma	ion, lodging, and professional fees. Note that the following tly-purchased food/beverages, incidentals like toiletries or ables like books, mugs or water bottles, or clothing. The requested by a single unit is \$15,000.		
submitting more than one) and accompanying your unit's managing director. That person we proposal to the Office of Faculty Success. You As applicable, employees in n	grequired information as a single PDF file. Route the file to will complete the remainder of the information and route the wil be notified when your proposal has been received.  In your have discussed and support this proposal. Those who have been provided with the opportunity to discuss their		
If funded, I understand that I the effectiveness of this funding	will be expected to produce a post-activity report to help assess ng program.		
My signature below affirms the authorize this proposal for su	nat the information in this proposal is accurate and that I bmission and review.		
TO BE COMPLET	TED BY MANAGING DIRECTOR:		
On a scale of 1-5 with 5 indicating a proposal t this proposal as follows:	that is highly likely to significantly benefit employees in the unit, I rate		
Name and Title:			
Signature:			
Route signed package to the Of	fice of Faculty Success (luciana.c.cavazos@ttu.edu).		