CALS Dean's Excellence Fund

This request for proposals shall be used in the initial screening process of awarding funds to enhance the student experience. Please complete this form and return to Sharon Murdock in room 65 in the Iddings Ag. Science Building or sharonm@uidaho.edu.

Funds may be used for any of the following reasons: Recruitment, undergraduate research and student travel for professional development, conferences or competitions. Funding requests should typically not exceed \$500 for individuals (\$750 per academic year) and \$2,000 for club activities per academic year.

If you are traveling, please make travel arrangements with your major department at least two weeks before departing, otherwise you will be at risk for not receiving reimbursement. Please allow 2-4 weeks for application to be processed.

| Name:Vandal ID: | | | |
|---|---|-------------------|--|
| Phone: | Email: | | |
| Club/Organization/Class: | | | |
| Amount Requested: Date N | eeded: Depart Date: | Return Date: | |
| Are there other sources of funding? | | | |
| Name of Organization: | : How much? | | |
| If a reimbursement is needed, what ind Index Number: | | | |
| more room) | | | |
| · Club Requests: | | | |
| Are you a CALS club in good standing | | | |
| Have you requested funds from ASUI | • | | |
| Have you requested departmental fur | | | |
| Name of funding source? | r sources? Yes or No (Circle one) Amount of funds request | ted? | |
| r Individual Requests: | | | |
| Please state your department and ma | - | _ | |
| Have you requested departmental fur | • | | |
| | neetings, do you have financial support f | rom your research | |
| entor/Principle Investigator? | | | |

Budget and what proportion of funds requested from Dean's Excellence Fund

| Budget | |
|-----------------------------------|-------|
| | Total |
| Conference/ Event Registration | |
| Hotel | |
| Transportation | |
| Air Fare | |
| Personal Vehicle | |
| Rental Car | |
| Parking | |
| Miles Round Trip | |
| Fuel | |
| Other | |
| Other | |
| Total | \$ |

What benefit do you anticipate from participating in the activity for which funds are requested?

| Maximum Funding Level: | |
|--|--|
| Signature and date: | |
| Within two weeks of the conclusion of the event or use of the cals-social@uidaho.edu. The report will include pictures, comp | • |
| funds were used. | siete with cuptions and a birej summary of now the |
| APPROVAL - FOR USE BY CALS ADMINISTRATION | AMOUNT APPROVED: \$ |
| Matt Doumit | |
| Associate Dean, Academic Programs | |



Return form to Sharon Murdock Iddings Ag. Science Building, Room 65 <u>sharonm@uidaho.edu</u>