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 Needed: ______ Depart Date: ______ Return Date: ______

Are there other sources of funding?
Name of Organization: ____________________________ How much? _______________

If a reimbursement is needed, what index number will need reimbursed?
Index Number: ____________________________

Please describe how this money will be used. Examples may include travel expenses, conference registration costs, event implementation, undergraduate research, etc. (please attach if you need more room). ____________________________________________________________

________________________________________________________
________________________________________________________
________________________________________________________

For Club Requests:
Are you a CALS club in good standing with CALSAC? Yes or No (Circle one)
Have you requested funds from ASUI? Yes or No (Circle one)
Have you requested departmental funds? Yes or No (Circle one)
Have you requested funds from other sources? Yes or No (Circle one)
Name of funding source? ____________________________
Amount of funds requested? ____________________________

For Individual Requests:
Please state your department and major: ____________________________
Have you requested departmental funds? Yes or No (Circle one)
For travel to professional/scientific meetings, do you have financial support from your research mentor/Principle Investigator? ____________________________
**Budget and what proportion of funds requested from Dean’s Excellence Fund**

<table>
<thead>
<tr>
<th>Budget</th>
<th>Total</th>
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<tbody>
<tr>
<td>Conference/ Event Registration</td>
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<td>Hotel</td>
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<td>Transportation</td>
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<td>Air Fare</td>
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<td>Parking</td>
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<td>Miles Round Trip</td>
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<td>Fuel</td>
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<td>Other</td>
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<td>Other</td>
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<td><strong>Total</strong></td>
<td><strong>$</strong></td>
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</table>

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

**Maximum Funding Level:** ________________

**Signature and date:** ________________________________

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*Within two weeks of the conclusion of the event or use of these funds, a report shall be submitted to calss-social@uidaho.edu. The report will include pictures, complete with captions and a brief summary of how the funds were used.*

**APPROVAL - FOR USE BY CALS ADMINISTRATION**

**AMOUNT APPROVED: $______________**

Matt Doumit  
Associate Dean, Academic Programs  

**Date**

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*Return form to Sharon Murdock*  
Iddings Ag. Science Building, Room 65  
sharonm@uidaho.edu