

CAMERON UNIVERSITY
2024-2025 SAFAC PROPOSAL APPLICATION
(Application for Recognition as a Student Funded Program or Activity)

Please type this application in its entirety. When completed, please email the entire document in PDF format to the Office of the Dean of Students at studentservices@cameron.edu before the designated deadline. Please keep in mind that funding is limited. Incomplete or late applications may not be considered by the Committee.

Do not alter or reformat this document template. If you need more space, please attach a separate page.

Date of Application: _____

Department name and auxiliary number: _____

Title of proposed activity or program: _____

Is this an on-campus or virtual event? _____

Individual submitting this proposal: _____

Contact phone number and email address: _____

Name of department chair: _____

Total funding requested from SAFAC: _____

Do you want to present your proposal in-person? _____ Yes _____ No

PROPOSAL NARRATIVE

Description and Purpose of Proposed Activity or Program.

CAMERON UNIVERSITY
2024-2025 SAFAC PROPOSAL APPLICATION
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Rationale for Funding Request. Include an explanation if requesting an increase or decrease from prior year.

SAFAC policy states funds may only be allocated to proposals that benefit all Cameron University students. Please explain the significant entertainment and/or educational experiences this event will provide for all students.

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Number of Members and Proposed Composition of Student Board.

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Number of Students Expected to be Served. Please Briefly Explain How this Number was Obtained.

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Number of Students Served Each Year for the Past Five (5) Years.

2023-2024:	<hr/>	Notes:	
2022-2023:	<hr/>		
2021-2022:	<hr/>		
2020-2021:	<hr/>		
2019-2020:	<hr/>		

Program Duplication (if any) and/or Citation of Program or Activity to be Eliminated (if any).

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**CAMERON UNIVERSITY
SAFAC BUDGET PROPOSAL
FY 2024-2025**

Rev. 11/2023

Please type this document and submit electronically with the proposal narrative.

Department Name & Auxiliary Number: _____

Title of Proposed Activity or Event: _____

Individual Submitting this Proposal: _____

REVENUES	2022-2023 AWARDED	2022-2023 ACTUAL \$ USED	2023-2024 AWARDED	2023-2024 ACTUAL \$ USED	2024-2025 REQUESTING
Rollover/Carry forward					
SAFAC Allocation					
Other (please explain below): *					
TOTAL REVENUES					

EXPENSES	2022-2023 ACTUAL EXPENSES	2023-2024 ESTIMATED EXPENSES	2024-2025 REQUESTING
Student Stipends and Wages**			
Operating Expenses			
Capital Expenses			
Travel Expenses			
Other (please explain below): ***			
TOTAL EXPENSES			

Note: Fields pre-filled with a zero ("0") are automated. Please do not modify.

Blank fields are fillable.

*Please explain other revenue acquired to assist in the funding of this event/program:

** Please explain how student stipends are awarded:

Include what positions are available, what constitutes an award/stipend, what the wages specifically cover, \$ amounts for each stipend, and repetitive stipends being issued semester to semester - including rationale for repetitiveness. (Note: students who are already required to perform tasks/duties as part of a class they have enrolled in, should not be included in stipend/wage payouts.

*** Please explain other expenses other than those listed:

CAMERON UNIVERSITY

Operating and Capital Expenses Worksheet

Rev. 11/2023

Please **type** this document and submit electronically with the proposal narrative.

Account Name and Auxiliary Number: _____

Title of Proposed Activity or Program: _____

Individual Submitting this Proposal: _____

OPERATING EXPENSES	2022-2023 ACTUAL \$ SPENT	2023-2024 ESTIMATED EXPENSES	2024-2025 REQUESTING
Print Shop			
Advertisement			
Supplies*			
Refreshments**			
Other***:			
Other***:			
Other***:			
TOTAL OPERATING EXPENSES			

CAPITAL EXPENSES	2022-2023 ACTUAL \$ SPENT	2023-2024 ESTIMATED EXPENSES	2024-2025 REQUESTING
TOTAL CAPITAL EXPENSES			

* List all supplies here and how they will be used.

** List refreshment items here. Describe what type of event(s) the refreshments are meant to cover, intended audience, estimated number of participants, and the cost per person.

*** Please describe, in detail, what other operating expenses are needed and the benefit of these expenses.

CAMERON UNIVERSITY

Travel Expenses Worksheet

Rev. 11/2023

Please type this document and submit electronically with the proposal narrative.

Account Name and Auxiliary Number: _____

Title of Proposed Activity or Program: _____

Individual Submitting this Proposal: _____

TRAVEL EXPENSES	2022-2023 ACTUAL \$ SPENT	2023-2024 ESTIMATED EXPENSES	2024-2025 REQUESTED
TOTAL TRAVEL EXPENSES			

Please complete the below tables for all travel expense requests.

Note: Fields pre-filled with a zero ("0") are automated. Please do not modify. Blank fields are fillable.

TRIP 1	22-23 Actual Spent	23-24 Est. Expenses	24-25 Requested
Registration			
Transportation			
Lodging			
Meals			
Misc.			
Total Trip #1 Expenses			

Significant Entertainment and Educational Experiences Provided for Students:

Number of Students Served:

Rationale for Request:

Advertisement:

CAMERON UNIVERSITY
Travel Expenses Worksheet

Rev. 11/2023

TRIP 2	22-23 Actual Spent	23-24 Est. Expenses	24-25 Requested
Registration			
Transportation			
Lodging			
Meals			
Misc.			
Total Trip #2 Expenses			

Significant Entertainment and Educational Experiences Provided for Students:

Number of Students Served:

Rationale for Request:

Advertisement:

CAMERON UNIVERSITY
Travel Expenses Worksheet

Rev. 11/2023

TRIP 3	22-23 Actual Spent	23-24 Est. Expenses	24-25 Requested
Registration			
Transportation			
Lodging			
Meals			
Misc.			
Total Trip #3 Expenses			

Significant Entertainment and Educational Experiences Provided for Students:

Number of Students Served:

Rationale for Request:

Advertisement:

CAMERON UNIVERSITY
Travel Expenses Worksheet

Rev. 11/2023

TRIP 4	22-23 Actual Spent	23-24 Est. Expenses	24-25 Requested
Registration			
Transportation			
Lodging			
Meals			
Misc.			
Total Trip #4 Expenses			

Significant Entertainment and Educational Experiences Provided for Students:

Number of Students Served:

Rationale for Request:

Advertisement: