

Residence Life **IMPACT Program & Staff Development Planning Form**

*This IMPACT program planning form must be submitted at least 7-10 days before the proposed date of the event. Submitting this form does not guarantee approval. The Graduate Hall Director and Area Coordinator will review the proposal and discuss it with the Project Manager. **This form MUST be completed in black or blue ink. A copy of this form will be required for monthly reporting purposes to Accounts Payable (see AC for details).***

Project Manager: _____ <i>(please print the full name of the staff member)</i>	Residence Staff <i>(circle one)</i> Montour Schuylkill Lycoming MOA/Kile	Columbia Elwell East MPA	North Luzerne Elwell West JKA
Project Management Team <i>(list all names):</i> _____ _____ _____	Title of Event/Project: _____ Month/Date/Year: _____ Start Time: _____ End Time: _____ Location: _____		

"I" Program/Event as an INDIVIDUAL CA Transitional/Exploration <i>(check one sub-category)</i>	Spont. Event
<input type="checkbox"/> Athletic themed event	<input type="checkbox"/>
<input type="checkbox"/> Arts & Entertainment themed event	<input type="checkbox"/>
<input type="checkbox"/> Club/Organization/Dept. Introductory event	<input type="checkbox"/>
<input type="checkbox"/> Weekend event	<input type="checkbox"/>
<input type="checkbox"/> Multicultural themed event	<input type="checkbox"/>
<input type="checkbox"/> Free Choice	<input type="checkbox"/>

Type of Program/Event/Project as a STAFF	
<input type="checkbox"/> Intellectual Development	<input type="checkbox"/>
<input type="checkbox"/> Multicultural Awareness	<input type="checkbox"/>
<input type="checkbox"/> Personal Awareness	<input type="checkbox"/>
<input type="checkbox"/> Community Service*	<input type="checkbox"/>
<input type="checkbox"/> STAFF DEVELOPMENT Activity/Event	<input type="checkbox"/>

Program/Event/Project Description: What will the program entail?

Learning Outcomes: What will students learn/gain from attending?

Community Service Projects*:
A copy of the Fundraising/Service Project form must be attached to this planning form and emailed to Assistant Director of Res Life.

Benefitting Organization Name: _____

Website: _____

Mailing Address for Funds to be Sent to: _____

*Coins must be rolled in coin wrappers before submission to Assistant Director.
 *All \$1, \$5, \$10, \$20, etc...bills must be ordered numerically.

Budget Request: What potential costs are associated with the program/event/project? *(please include a specific shopping list on the back)*

- | | | |
|--|--|------------------------|
| 1. Food /Drinks– Off Campus Vendor: \$ _____ | 4. General Event Supplies: \$ _____ | |
| 2. Catering from Aramark: \$ _____ | 5. Decorations/Set-up Supplies: \$ _____ | |
| 3. Travel Costs/Van Rental: \$ _____ | 6. Husky Gold: <i>(list recipients on back)</i> \$ _____ | TOTAL: \$ _____ |

RO # *(GHD/AC will fill in, if used)* _____

Marketing Plan: How do you plan to advertise? *(check all that apply)*

**A copy of the flier which states "Sponsored by Residence Life" must be included with proposal to GHD and Area Coordinator*

- | | | | |
|---|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Fliers* | <input type="checkbox"/> Large Banner in Lobby/Foyer | <input type="checkbox"/> The Voice |
| <input type="checkbox"/> Email/Facebook | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Posting on Website | <input type="checkbox"/> Other |

Audio/Visual, Technical or Special equipment needs: _____

Projected Event Attendance #: _____

Signatures below indicate that the respective university staff member has authorized the implementation of the Residence Life Programming event and certified any purchases incurred for official Bloomsburg University business/educational purposes.

GHD APPROVAL: _____ <i>Signature & Date</i>	VICE-PRESIDENT: _____ <i>Print full name</i>
AC APPROVAL: _____ <i>Signature & Date</i>	_____ <i>Signature & Date</i>

Program Prep Checklist:



1. LOCATION RESERVATIONS

- a. In Residence Hall or JKA Community Building – contact current Graduate Hall Director of location
- b. In Kehr Union or Monty’s - www.bloomu.edu/studentlife/kehr/reserve Kristi Dunlap 389-4715
- c. Outdoor Event Registration Form – contact Facilities Scheduling facschedu@bloomu.edu 389-4537
- d. In Academic Building – contact Facilities Scheduling facsched@bloomu.edu 389-4537
- e. In Athletic Facilities: Rec Center – Jen White 389-4190; Nelson Field House – Kevin Wood 389-4371

2. IMPORTANT FORMS

- a. IMPACT Activity/Event Participant Release & Attendance Form – contact Graduate Hall Director (*attach to each planning form*)
- b. Fundraising/Service Project Form – contact Graduate Hall Director (GHD must submit copy to gkinzel@bloomu.edu)
- c. State Vehicle Reservation Form – vehicle availability contact Bill Fisher 389-4536; Jen Hunsinger jhunsing@bloomu.edu
- d. Off Campus Field Trip Form – contact Graduate Hall Director; submit to Jen Hunsinger jhunsing@bloomu.edu
- e. Justification/Approval for Gift/Award/Promotional Purchases Form – contact Area Coordinator (*need approval from VP and RO # from A/P*)

Program/Project Assessment & Evaluation

(to be completed after the event and forwarded to GHD. 1 copy to AC with receipts; 1 copy to Assistant Director of Residence Life in IMPACT binder)

1. **Actual Attendance #’s:** _____ Staff _____ Students _____ Faculty _____ Other
2. **Do you feel the attendees achieved the learning outcomes you set for the event?** YES MAYBE NO
3. **Would you recommend this program/event/project be done again?** YES MAYBE NO
4. **What was the actual cost of the program/event/project?** \$ _____
5. **If applicable, how much money was raised by doing the event?** \$ _____
6. **Overall thoughts/feedback regarding the event:**

Husky Gold Recipients (*GHD must email info to AC for processing after event is completed*)

Full Name	ID #	Amount

Full Name	ID #	Amount

Supply List for Event:

Please list all the anticipated supplies this event requires. Be specific with your requests so the correct supplies can be acquired.

Quantity of Item	Item – Listed Individually <i>(ie: 2 liter Sprite, gallon of chocolate ice, Singstar, red streamers, \$5 Husky Gold, wooden door wedge, 50 ft extension cord, etc...)</i>	Vendor/Supplier of Item <i>(ie: Walmart, Giant, NAPS, Rita’s, Bookstore, Oriental Trading, Prof. Staff, Elw Office etc...)</i>	Anticipated Cost of Items <i>(If borrowing from a staff member, write n/a)</i>

Planning Team Task Assignments (*Who’s doing what?*)