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| **2016-2017 Program Proposal Packet** |

SPACES provides financial and program development support for a number of programs that are aligned with SPACES’ mission of achieving education equity.

In order to be considered for funding, coordinators of programs must take the following steps:





**SPACES Learning Outcomes**

All programs coordinated or sponsored by SPACES must address one or more of the following learning outcomes.



## SPACES Program Proposal Packet Checklist & Funding Deadlines

A complete program proposal packet consists of the following:

☐ Completed [SPACES Program Proposal Forms](http://spaces.ucsd.edu/candlelight/wp-content/uploads/2012/09/2015-2016-SPACES-Program-Proposal-Forms.docx)

* Please download the current forms from the SPACES website as changes are made to the form occasionally
* You must use Microsoft Word to fill out your form

☐ Detailed Budget utilizing the [SPACES Budget Template](http://spaces.ucsd.edu/candlelight/wp-content/uploads/2011/10/2015-2016-SPACES-Budget-Template.xlsx)

☐ Current price estimates (e.g. menu, quote, invoice, contract)

* AV/Tech
* Catering
* Transportation
* Speakers

☐ Tentative Schedule of Program

☐ Draft of Program Evaluation for participants

Program coordinators must electronically submit their funding proposal packets **at least 5 weeks by noon (12:00pm)**, prior to the proposed event date or the established funding deadline for SPACES, whichever comes first through the [SPACES Online Funding Form](http://spaces.ucsd.edu/?page_id=2979).

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| **2015-2016 SPACES Funding Deadlines** |
| **Fall Quarter 2016** |
| ***Deadline to Submit*** | ***Event/Program Dates*** | ***Funding Status Notification*** |
| Friday, September 30, 2016 | November 7-December 10, 2016 | Monday, October 10, 2016 |
| Friday, October 14, 2016 | November 21-December 10, 2016 | Monday, October 24, 2016 |
| Friday, October 28, 2016 | December 5-December 10, 2016 | Monday, November 7, 2016 |
| Friday, November 11, 2016 | January 23-March 20, 2017 | Monday, November 21, 2016 |
| Friday, November 25, 2016 | February 6-March 20, 2017 | Monday, December 5, 2016 |
| **Winter Quarter 2017** |
| ***Deadline to Submit*** | ***Event/Program Dates*** | ***Funding Status Notification*** |
| Friday, January 13, 2017 | February 20-March 18, 2017 | Monday, January 23, 2017 |
| Friday, January 27, 2017 | March 6-March 20, 2017 | Monday, February 6, 2017 |
| Friday, February 10, 2017 | April 3-June 10, 2017 | Tuesday, February 21, 2017 |
| Friday, February 24, 2017 | April 17-June 10, 2017 | Monday, March 6, 2017 |
| Friday, March 10, 2017 | May 1-June 10, 2017 | Monday, March 20, 2017 |
| **Spring Quarter 2017** |
| ***Deadline to Submit*** | ***Event/Program Dates*** | ***Funding Status Notification*** |
| Friday, April 7, 2017 | May 15-June 10, 2017 | Monday, April 17, 2017 |
| Friday, April 21, 2017 | May 29-June 10, 2017 | Monday, May 1, 2017 |
| Friday, May 5, 2017 | June 12-Fall 2017 | Monday, May 15, 2017 |
| Friday, May 19, 2017 | Fall 2017 | Monday, May 29, 2017 |
| Friday, June 2, 2017 | Fall 2017 | Monday, June 12, 2017 |

Only events/programs that fall with the date ranges for each respective deadline will be accepted. Late submissions or early submission of program proposals will not be accepted.

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| **UCSD Student Promoted Access Center for Education and Service** |
| **Program Cover Sheet** |
|  |
| **Program Title:** |       |  | **Date(s) of Program:** |       |
| **Program Host** (Check only one): |
|  | ☐ ASP ☐ SIAPS ☐ SPACES ☐ Student Organization: |       |
| **Annual Event:** | ☐ Yes ☐ No  |  | **Requested funding from SPACES for this event in the past?** | ☐ Yes ☐ No  |
| **Total Amount Requested:** | **$**       |  | **Amount Funded:** | **$**       |  | **Amount Spent:** | **$**       |
| **Project Coordinator(s) Information:** |
|  | Coordinator 1 (Project point person): |  | Coordinator 2: |
|  | Name: |       |  |       |
|  | Phone: |       |  |       |
|  | E-mail: |       |  |       |
| **Who is the lead coordinator on this project?** (Check only one):  |  ☐ SPACES Staff Member ☐ Org Principal Member  |
|  |
| *I understand that by submitting the proposal, I must adhere to the funding guidelines outlined in the SPACES Funding Manual and Website. I am aware that failure to abide by all requirements listed in the handbook will result in loss of funding. SPACES has the right to withhold or revoke funding for reasons that the respective funding body may deem appropriate.* |
|  |
| ***For SPACES Leadership Team Use Only*** |
|  | **SPACES TAP:** | ☐ Initiated ☐ Preliminary Approval ☐ Final Approval/Review Complete ☐ N/A: Off-campus  |  |
|  | **Travel Form:** | ☐ Submitted:  |  / / |  |  |
|  | **SPACES Advisor Comments:** | ☐ Internal Event ☐ Co-sponsored Event ☐ Met w/Program Coordinator(s)  |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  | Signature: |  |  | Date: |  / / |  |
|  |
|  | **Funding Committee Comments:** | ☐ ASP ☐ SIAPS ☐ SPACES |  |
|  |       |  |
|  |       |  |
|  | Signature: |  |  | Date: |  / / |  |
|  |
|  | **SPACES Program Assistant Comments:**  | ☐ Met w/Program Coordinator(s) |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  | ☐ Program Coordinator(s) notified of allocation status: |  / / |  | ☐ Post-Program Report submitted: |  / / |  |
|  | Signature: |  |  | Date: |  / / |  |
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| **UCSD Student Promoted Access Center for Education and Service** |
| **Program Proposal Statement** |
|  |
| **Program Title:** |       |  | **Date(s) of Program:** |       |
|  |
| Please answer the questions thoroughly within the space provided below. Do not exceed the provided space. |
| **Section I: Mission, Vision, & Outcomes** |
| **What is the purpose of your program?:** |
| (max. 1000 characters w/spaces) |
| **How does your program relate back to the mission of SPACES/ASP/SIAPS?** |
| (max. 800 characters w/spaces) |
| **Please mark all of the SPACES learning outcomes that your program fulfills:** |
| ☐ Matriculation(e.g. SAT/ACT/GRE/etc. prep, A-G requirements, college tours, degree options, etc.) | ☐ Educational Success(e.g. fin. aid processes, writing/essay support, material resources and services, time management, etc.) | ☐ Student Support(e.g. peership programs, academic tutoring, study jams, counseling, professional support, career counseling, resume help, mental health, etc.) | ☐ Leadership and Professional Development(e.g. student-run/initiated work, agency building, professionalism, public speaking, resume and interview prep., peership, etc.) |
| ☐ Peer-to-Peer Programming(e.g. student-run/initiated work, agency building, peership, opportunities for participants to lead and initiate, etc.)  | ☐ Community Engagement(e.g. volunteering in community & local and colleges and universities, allyship, cross-coalitional collaboration, etc.)  | ☐ Political Empowerment(e.g. social justice awareness, artivism, identity development/exploration, political education, organizing training, activism, conferences, lectures, workshops, political campaigns, etc. |  |
| **Which activities will you incorporate to address the learning outcomes that you have specified?**(Please relate each activity to the specific goal it aims to accomplish): (max. 800 characters w/spaces) |

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| **Section II: Stakeholders** |
| **Who is your primary audience? (Check all that apply)** |
| ☐ K-12 Students☐ Alumni  | ☐ Community College Students☐ Staff/Faculty  | ☐ Undergraduate Students☐ Community Members/Teachers  | ☐ Graduate Students☐ Parents  |
| **How many participants do you anticipate taking part in this program** (Please include planning committee members, staff, and volunteers)? |      |  |
| **How will you publicize the program?** (Programs sponsored by SPACES must include the SPACES logo on all marketing efforts.) |
| (max. 600 characters w/spaces) |
| **Explain how your program will positively affect the UCSD and greater San Diego community?** |
| (max. 800 characters w/spaces) |
| **What do you hope for participants to take away from the program?** |
| (max. 800 characters w/spaces) |
| **Section III: Evaluation** |
| **What method(s) will you use to assess your program?** (e.g. Debrief meetings, survey, follow-up with students, etc.)**When and how will you conduct these evaluations?** |
| (max. 700 characters w/spaces) |
| **Explain in detail how will you ensure tracking and follow-up is carried out with each student participant? How will you capture participants’ information as required by SPACES?**(max. 700 characters w/spaces) |

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| **UCSD Student Promoted Access Center for Education and Service** |
| **Program Planning Sheet** |
|  |
| **Program Title:** |       |  |
| **Date(s) of Program:** |       |  | **Time Start:** |       |  | **Time End:** |       |
| **Estimated Number of Participants:** |  |
|  |     | K-14 Students |  |     | Undergraduate Students |  |     | Graduate Students |
|  |     | Alumni |  |     | Staff/Faculty |  |     | Parents/Teachers/Community Members |
| **Location:** |       | ☐ On-Campus1 ☐ Off-Campus: | (City, State, Zip Code)       |
| 1SPACES cannot provide funding for student organization’s off-campus events for liability purposes. No exceptions can be made to this policy. |
| **This will be entered into TAP through:** | ☐ SPACES ☐ Student Org ☐ N/A – Off-campus ☐ N/A – Other Department |
|  |
| **For SPACES Internal Programs only (Check all that apply)*****\*Please submit a quote, invoice, and/or order details for all items marked with an asterisk*** |
|  | **Do you have graphic design/marketing needs** (i.e. brochures, flyers, handouts, logo)? ☐ Yes ☐ No  |
|  |  | Please explain: |       |  |
|  |
|  | **Do you have room needs?** ☐ Yes ☐ No  |
|  |  | Have you reserved your room(s)? | ☐ Yes ☐ No  |  | If so, please provide reservation #: |  |  |
|  |  | ☐ Large event space: ☐ *PC Ballrooms* ☐ *PC East Forum* ☐ *SSC Multi-purpose Room* |
|  |  | ☐ Meeting rooms*:* ☐ *Price Center/Student Services Center/Original Student Center* ☐ *CCC* ☐ *Classrooms* |
|  |  | ☐ Other: |       |  |
|  |  | Please explain specific needs: |       |  |
|  |
|  | **Do you have tech, sound, and/or setup needs?** ☐ Yes ☐ No  |
|  |  | Have you reserved your AV/Tech? | ☐ Yes ☐ No  |  | If so, please provide reservation #: |  |  |
|  |  | ☐ Projector & Screen ☐ Flip Chart ☐ Sound System ☐ Microphone & Speakers  |  |
|  |  | Room Set-up: | ☐ Circle of Chairs☐ Hollow Square☐ Lecture/Theater  | ☐ Classroom/Workshop☐ Conference/Board☐ U-Shape  | ☐ Dining/Banquet☐ Open Room  |  |
|  |  | # of Chairs: |       |  | # of tables: |       |  |  |
|  |  | ☐ Other: |       |  |
|  |
|  | **Do you have materials/supplies needs?** ☐ Yes ☐ No  |
|  |  | ☐ Local Vendor(s):  |       |   | ☐ UCSD Bookstore ☐ UCSD Marketplace |  |
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| **For SPACES Internal Programs only (Check all that apply)** |
|  | **Do you have food needs?** ☐ Yes ☐ No  |
|  |  | ☐ Local Grocery Store ☐ On-campus Food Vendor\* ☐ Off-campus Food Vendor\* |
|  |  | Name of vendor(s): |       |  |
|  |  | Will you pay for food upfront and get reimbursed?  | ☐ Yes ☐ No  |
|  |  | Does the vendor take online or phone orders? | ☐ Yes ☐ No  |
|  |  | *Please attach your invoice(s) or order information to the program proposal packet.* |
|  |  | Additional Notes: |       |
|  |
|  | **How will capture your participants’ information?** ☐ Online Form (Google, Surveymonkey) ☐ Paper Form  |
|  |  | ☐ Other: |       |  |
|  |
|  | **Will you need any participant forms? (Check all that apply)** ☐ Yes ☐ No  |  |
|  |  | ☐ UCSD Waiver of Liability, Assumption of Risk, Indemnity Agreement ☐ Parent-Guardian Authorization Form |  |
|  |  | ☐ Medical Release Form ☐ Participant Contract/Agreement  |  |
|  |  | ☐ Other: |       |  |
|  |
|  | **Do you have transportation needs?** ☐ Yes ☐ No  |
|  |  | Destination: |       |  | # of Miles from UC San Diego to Destination: |       |  |
|  |  | ☐ UCSD Fleet Services Vehicle Rental ☐ Bus\* ☐ Off-campus Car Rental Agency\* |  |
|  |  | ☐ Private Automobile Mileage Reimbursement *(HS Volunteer Tutors Only – attach map from UCSD to destination)* |  |
|  |  | Vendor Name: |       |  |
|  |  | Driver’s Name(s)\*: |       |  |
|  |  | *\*Drivers must be UCSD employees, 21 years of age, and have a valid Drive License and Private Vehicle Insurance* |  |
|  |
|  | **Are you contracting an artist, DJ, performer, or speaker?** (Cannot be employed at any UC) ☐ Yes\* ☐ No  |
|  |
|  | **Do you have lodging needs?** ☐ Yes\* ☐ No  |
|  |  | ☐ Hotel\* ☐ Cabin\* ☐ Campsite\* | Name of venue: |       |  |
|  |  | # of Rooms: |       |  | Check-in Date: |       |  | # of Nights: |       |  |
|  |
|  | **Do you have any other special requests?** ☐ Yes ☐ No  |
|  |  | Please explain: |       |  |
|  |  |       |  |
|  |  |       |  |
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| **UCSD Student Promoted Access Center for Education and Service** |
| **Budget Worksheet** |
|  |
| **Program Title:** |       |  | **Date(s) of Program:** |       |
| **Estimated Number of Participants:** |       |  |  |
|  |
| This budget worksheet **is only an outline** of your budget. In order to have a complete Program Proposal, you must submit a detailed budget and all of the related quotes that correspond with this budget worksheet, |
|  |
|  | ***For Official Use Only*** |
| **Line Items** |  | **Description of Line Item** |  | **Amount Requested** |  |  | **Funds Allocated\*** |  | **Actual Expenditures** |  |
|  | Printing |  |       |  | $       |  |  | $       |  | $       |  |
|  | Contracts |  |       |  | $       |  |  | $       |  | $       |  |
|  | Facility Rental |  |       |  | $       |  |  | $       |  | $       |  |
|  | AV/Technical |  |       |  | $       |  |  | $       |  | $       |  |
|  | Transportation |  |       |  | $       |  |  | $       |  | $       |  |
|  | Food |  |       |  | $       |  |  | $       |  | $       |  |
|  | Materials |  |       |  | $       |  |  | $       |  | $       |  |
|  |       |  |       |  | $       |  |  | $       |  | $       |  |
|  |       |  |       |  | $       |  |  | $       |  | $       |  |
|  |       |  |       |  | $       |  |  | $       |  | $       |  |
|  | **TOTAL(S):** | $       |  |  | $       |  | $       |  |
|  |  |
|  |
| Budget Preparer: |       |  | E-mail: |       |  | Phone: |       |
|  |
| ***For Official Use Only – All those who sign verify the amounts listed above.*** |
| CO-COORDINATOR/DIRECTOR |  | ☐ ASP ☐ SIAPS ☐ SPACES |  | DATE: |  |  |
| **X** |  |
| SPACES ADVISOR |  | DATE: |  | SPACES PROGRAM ASSISTANT |  | DATE: |  |
| **X** |  | **X** |  |
| Funds to be: | ☐ Disbursed ☐ Reimbursed ☐ Direct Charge  | CHARGE: | Index:  | STG  |      |   | $       |  |
|  |
| Notes: |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
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