



# PROGRAM DEVELOPMENT ENDOWMENT

## PROPOSAL TO REQUEST FUNDING

The annual distributed income from this endowment will be used to provide funds, if available, for use in faculty, student, staff and programmatic development other than scholarships. Awards will be made each fall and spring semester. Completed proposals may not exceed **two pages** and must represent events that occur **after current** submission deadline. No attachments accepted except those identified in this document.

Completed proposals are **due September 12, 2025** (dates subject to change) and should be turned in via email to [alumni@uhcl.edu](mailto:alumni@uhcl.edu). Award winners will be announced within 2 weeks of submission deadline. If you have questions please contact the Office of Alumni Relations at 281-283-2021, [alumni@uhcl.edu](mailto:alumni@uhcl.edu) or stop by Bayou 2508.

UHCL | Office of University Advancement  
2700 Bay Area Boulevard, MC 318  
Houston, Texas 77058-1002  
[www.uhcl.edu/alumni](http://www.uhcl.edu/alumni) | [alumni@uhcl.edu](mailto:alumni@uhcl.edu)  
281-283-2021

## SPECIAL INSTRUCTIONS FOR STUDENT ORGANIZATIONS

1. The event/project/program must occur after the funding deadline.
2. You may not request more than half of the total funding through the endowment.
3. Proposals must include program endowment budget summary form. (See page 5) Proposals submitted without a complete budget summary form will not be considered for funding.
4. Travel requests must follow the guidelines in the Student Organization Handbook.
5. Faculty advisor must endorse the application.
6. Oral or written report must be given to the UHCL Alumni Association Board of Directors on how the funds were used and what was accomplished.

## SPECIAL INSTRUCTIONS FOR FACULTY AND STAFF

1. The event/project/program must occur after the funding deadline.
2. Proposals submitted two funding cycles\* in advance will not carry over to the following funding cycle. If funds were not awarded in the current cycle, the proposal will need to be resubmitted with an updated budget summary form for consideration.
3. Proposals may not be resubmitted for consideration in the subsequent funding cycle if funds were awarded in the previous funding cycle.
4. Proposals made more than two funding cycles in advance will not be considered.
5. Proposals must include actual signature from chair or supervisor. Proposals submitted without signature and approval from the appropriate chair or supervisor will not be considered for funding.
6. Proposals must include program endowment budget summary form. (See page 5) Proposals submitted without a complete budget summary form will not be considered for funding.
7. Written report to the UHCL Alumni Association Board of Directors on how funds were used and what was accomplished.

\*A funding cycle is considered the time from when the award was received to the last day of the semester it was awarded in.

Title of Program:

Date(s):

Location:

Organization and/or Person Requesting Funds:

## CONTACT INFORMATION OF REQUESTER – REQUIRED

Name:

Address:

Phone:

Email:

Signature of Faculty Advisor/Department Chair/Supervisor:

## DESCRIPTION OF PROGRAM (INCLUDING PROGRAM NEED)

## ANTICIPATED IMPACT ON UHCL (FACULTY, STUDENTS AND/OR STAFF)

*If this program has been offered in the past, please include **up to two pages** of material from last year's event that you feel best represents this activity.*

## USE OF FUNDS

Please present a budget, which outlines total cost of the program, other sources of income, if applicable, and total dollars requested on the following page. Please highlight the amount you are requesting from the UHCL Alumni Association. If there are any budgetary notes you'd like to provide, please do so here.

## PARTIAL FUNDING

In the event only a partial funding is possible, or awarded from the committee, would you be willing to accept a partial funding of this proposal? Include any justification, minimum requirements of funding, etc.

## BUDGET SUMMARY FORM

Title of program/conference/event:

Organization Requesting Funds:

Date(s):

Location:

EXPENSES	
ITEM	COST
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

INCOME/CONTRIBUTIONS /FUNDING SOURCES	
ORGANIZATION	INCOME
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL REQUESTED FROM ALUMNI ASSOC.</b>	\$
<b>GRAND TOTAL</b>	\$