

New Program Proposal Form

The purpose of this form is to assist the Office of Emergency Preparedness and Risk Management (EPRM) in supporting new programs at Gonzaga University. The fields that follow will allow reviewers to gain a complete understanding of the proposed program and the related risks.

Sponsoring Department: _____

Name of Program: _____

Applicant Name: _____

Phone: (____) _____ - _____ Email: _____

Program Details

List the locations to be visited and the proposed date(s) of the visit(s):

1) _____ From: _____ to _____

2) _____ From: _____ to _____

3) _____ From: _____ to _____

4) _____ From: _____ to _____

5) _____ From: _____ to _____

This program will be: Recurring One-time

Purpose/Goals of Program

What do you hope to accomplish through this program? How does it support our mission? Are you looking to educate attendees about an issue and raise awareness?

Program Description

Give a brief overview of your program and how it will reach its goals. Are there certain activities or methods that will be used? Are there educational components to this program?

If applicable, describe you transportation plan (will you be flying? Driving? Whos car(s) will you be using?):

Outline you plan for food (will you only be eating at restaurants? Will you be preparing the food yourselves?):

- Attendance:**
- Program is open to the public. Approximate number: _____
 - Open to students. Approximate number: _____
 - Open to faculty/staff. Approximate number: _____

Please attach a potential guestlist (this could be a class roster, list of club members, etc.).

Activities

Descibe all activities associated with this program (i.e. snowshoeing on a GU Outdoors trip, beer garden at Madonnastock):

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

Equipment To Be Used

(i.e. portable climbing wall, speakers/sound amplification, etc.):

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

Questions for EPRM

Below is an opportunity for you to ask EPRM any questions you may have about your program. These could be additional concerns, things that were not addressed above, questions about the review process, etc..

Additional Documents

When you send this email to EPRM, you must also attach all contracts, insurance certificates and route maps as applicable to your program.

Contracts: include all contracts required by third parties you may be utilizing for things like lodging, transportation, etc.

Certificates of Insurance: attach all insurance information collected from third parties for things like lodging, transportation, etc.

proposed first aid/water station locations. For trips outside of Spokane County, map the intended route. Also include directions to the nearest urgent care and/or emergency room to your destination

FOR INTERNAL USE ONLY

Reviews:

Contract Reviewed by:

Name (print) Email: _____

Signature: _____

Date: _____

Waivers/Releases/Medical Forms:

Name (print) Email: _____

Signature: _____

Date: _____ Email: _____

Gear/Resources/Machinery Inspected by:

Name: _____

Signature: _____

Date: _____ Email: _____

Final Approvals:

Office of Emergency Preparedness and Risk Management:

Name: _____

Signature: _____

Date: _____ Email: _____

Other (as applicable):

Department: _____

Name: _____

Signature: _____

Date: _____ Email: _____

Other (as applicable):

Department: _____

Name: _____

Signature: _____

Date: _____ Email: _____

Other (as applicable):

Department: _____

Name: _____

Signature: _____

Date: _____ Email: _____