**2024 Best Practices Proposal Form**

Submit completed proposal forms to [bestpractices@cacubo.org](mailto:bestpractices@cacubo.org)

**Submission deadline: June 21, 2024**

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| **Best Practices Proposal Title:** | | | | | | | | | |  | | | | | | | | | | |
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| **Primary\* Contact Information**  *The primary contact must be a CACUBO member institution of higher education.* | | | | | | | | | | | | | | | | | | | | |
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| **First Name:** | | | |  | | | | | | | | | | | | | | | | |
| **Last Name:** | | | |  | | | | | | | | | | **Suffix (Jr, III, etc.)** | | | |  | | |
| **Professional Title:** | | | | | | |  | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | |
| **Phone:** | |  | | | | | | | | | | | | | | | | | | |
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| **Institution Information** | | | | | | | | | | | | | | | | | | | | |
| **Institution:** | | | |  | | | | | | | | | | | | | | | | |
| **Address1:** | | | |  | | | | | | | | | | | | | | | | |
| **Address2:** | | | |  | | | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | | | **State:** |  | | | **Zip Code:** | | | |  |
| **Type:** | |  | | | Research | | | |  | | Comprehensive/  Doctoral | |  | | Small Institution | |  | | Community College | |
| **Year Founded:** | | | | | |  | | | | | | | | | | | | | | |
| **Number of Students:** | | | | | | | |  | | | | | | | | | | | | |
| **Website:** | | |  | | | | | | | | | | | | | | | | | |
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| *\*Additional team contacts may be listed at the end of this form.* | | | | | | | | | | | | | | | | | | | | |

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| **Statement of the Problem**  *Provide a brief statement identifying the challenge your institution encountered that benefited from your best practice.* |
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| **Identify the Solution (250 words maximum)**  *Describe how you identified and developed your best practice solution including those involved with the process, impact on the organization, finances and resources.* |
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| **Implementation Timeline**  *Provide a list of the steps and implementation timeline of your best practice solution.* | |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
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| **Benefits and Retrospect**  *Provide a brief statement of the benefits achieved by implementing the best practice solution.* | |
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| **Additional Team Contact Information (optional)** | | | | | |
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| **Additional Contact #2** | | | | | |
| **First Name:** | |  | | | |
| **Last Name:** | |  | | **Suffix (Jr, III, etc.):** |  |
| **Professional Title:** | | |  | | |
| **Institution:** | |  | | | |
| **Email:** |  | | | | |
| **Phone:** |  | | | | |
|  | | | | | |
| **Additional Contact #3** | | | | | |
| **First Name:** | |  | | | |
| **Last Name:** | |  | | **Suffix (Jr, III, etc.):** |  |
| **Professional Title:** | | |  | | |
| **Institution:** | |  | | | |
| **Email:** |  | | | | |
| **Phone:** |  | | | | |
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| **Additional Contact #4** | | | | | |
| **First Name:** | |  | | | |
| **Last Name:** | |  | | **Suffix (Jr, III, etc.):** |  |
| **Professional Title:** | | |  | | |
| **Institution:** | |  | | | |
| **Email:** |  | | | | |
| **Phone:** |  | | | | |