**2024 Best Practices Proposal Form**

Submit completed proposal forms to 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:** |       |
|  |
| **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:** |       |
|  |
| **Additional Contact #4** |
| **First Name:** |       |
| **Last Name:** |       | **Suffix (Jr, III, etc.):** |       |
| **Professional Title:** |       |
| **Institution:** |       |
| **Email:** |       |
| **Phone:** |       |