



Hall Improvement Fund Proposal 2007-2008

1. Complete proposal request.
2. Submit to the following for approval and notes:
 - a. Hall Director/Community Director – HD/CD(s) of the community affected by the proposal
 - b. Assistant Director– AD(s) of the area(s) affected by the proposal
 - c. Associate Director for the area(s) affected
 - If Facilities related– Susan Austin (8-4042, Boaz 101)
 - If Residence Life related—Jennifer Post (8-4041, Boaz 101)
3. If approved, make a copy for your Hall Council/Community Council Advisor, and submit original to RHA Advisor – Jennifer Post (8-4041, Boaz 101).
4. RHA Issues Committee will give support to HIF or request additional information.
5. If approved, author of HIF will present to RHA General Assembly when Issues Committee recommends the HIF for a vote.
6. If approved by a ¾ vote of the General Assembly the proposal will be presented to the Director of Residence Life and Student Housing or designee for final review and approval.
7. If approved, the RHA Advisor will coordinate with the community the completion of the project.
8. All approved projects must bear the logo provided by the RHA Executive Board designating the project as provided by the Hall Improvement Fund.
9. All completed proposals must be turned in to the RHA Advisor no later than October 31, 2007 at 5:00 PM. No proposals will be considered unless all information is complete.
10. All funds must be allocated by November 7, 2007.

HD/CD Signature: _____ Date: _____ Approved: Yes or No
Notes:

Assistant Director Signature: _____ Date: _____ Approved: Yes or No
Notes:

Associate Director Signature: _____ Date: _____ Approved: Yes or No
Notes:

Date Rec'd. By RHA Advisor: _____		Notes: _____	
Issues Committee Vote:	Chair Signature: _____	Date: _____	Approved/Not Approved
General Assembly Vote	Date: _____		
In Favor _____	Opposed _____	Abstain _____	Approved/Not Approved

Director Signature: _____ Date: _____ Approved: Yes or No

Hall Improvement Fund Proposal

Author(s): _____

Hall/Room(s): _____

Phone: _____ - _____ - _____

(Must be typed; Use additional pages as needed)

Requested Item (detailed description including proposed location of item & procedures for use):

Reason(s) Requested: (Include Benefits & Concerns)

Approximate Cost (include at least three price quotes when possible)

Comments or Additional Information

Dates Submitted to RHA:

Issues & Community Standard Committee: _____/_____/2007 Approved: Yes or No

General Assembly: _____/_____/2007 Approved: Yes or No

RHA Advisor Signature: _____