

IRA Application 2021-22 Academic Year COVER SHEET

By completing and submitting the attached IRA Request, I certify that I have read and will follow Executive Orders 1062 and 1041, as well as Cal Maritime Field Trip and Off-Campus Activity Guidelines (see IRA Academic Year 2021-22 Funding Request Instructions).

Submit this Cover Sheet and your completed IRA Request Form, along with accompanying documents (if appropriate), electronically to Sianna Brito at sbrito@csum.edu by Monday, April 26, 5:00 p.m. Awardees will be notified after the 2021/22 budget has received final approval, typically in August.

Name of P	rogram Activity:			
Submitted	by:			
Name of S ₁	ponsor, if differe	nt:		
Location of	ocation of IRA ActivityDate of IRA activity			
Approval o	of Department Ch	air/ Supervisor:		
Name (pleas	se print)		Signature	
Name and .	Approval of Dea	n (or VP if appl	icant is outside Acad	emic Affairs):
Name (pleas	se print)		Signature	
TOTAL A	MOUNT REQU	JESTED:		
Do Not Write Below This Line				For Office Use Only
Disposition o	of IRA Committee	Recommend	ded: amount: \$	Not Recommended
Signature, IRA Committee Chair				Date
Provost VPAF	Approved Approved	Denied Denied		Signature Signature
				Signature



2020-21 IRA Application

1. DESCRIPTION OF PROPOSED IRA ACTIVITY:

2. DESCRIPTION OF PROPOSED ALTERNATIVE ASSIGNMENT (for students who might be unable to participate in the activity):

3. PROPOSED BUDGET: Complete the following table(s) and include details as needed.

Supplies	2021/22 Budget Request	Details
Office Supplies (provide details)		
Other Supplies (provide details)		
Professional Services		
Printing		
Advertising		
Other Professional Services (provide details)		
Student Travel		
Transportation		
Lodging		
Meals		
Facility Rental		
Off-campus Facilities		
(provide details)		
Equipment		
Equipment Purchase (provide details)		
Equipment Rental		
(provide details)		
Other		
Miscellaneous Expenses		
(provide details)		
Total Expenses	\$	
Total Revenue*		
Total Requested**	\$	

^{*}Subtract expected ticket sale or other revenues from expenses, if applicable, and enter difference in Total Requested.

^{**}Enter total amount requested on the first page of the cover sheet.



FACULTY/STAFF TRAVEL BUDGET

Complete the following table if proposed activity includes out-of-state or overnight travel. Out-of-state or overnight field trips require a faculty or staff member in attendance, but IRA funds may not be used for faculty/staff expenses. Non-IRA funding for faculty or staff travel must be earmarked and approved by appropriate dean or other authorizing official.

Faculty/Staff Travel	Budget	Details				
Transportation						
Lodging						
Meals						
Total non-IRA Travel Expenses						
Source of faculty/staff travel funds:						
Authorizing official (Dean or VPSA):						

Signature

- 4. NUMBER OF CAL MARITIME STUDENTS EXPECTED TO PARTICIPATE:
- 5. ACADEMIC COURSES, DISCIPLINES, OR DEPARTMENTS AFFILIATED WITH ACTIVITY:
- **6. OTHER POSSIBLE FUNDING SOURCES:**

Name and Title (please print)

- 7. ADVANCEMENT OF CAL MARITIME'S MISSION:
- **8. STUDENT LEARNING OBJECTIVES:**

Please state two (2) Program or Institution-Wide Learning Objectives that will be addressed by the proposed activity.

9. ASSESSMENT/EVALUATION:

Please indicate how the proposed activity will be assessed or evaluated for learning effectiveness.