

IRA Application 2023-24 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 2023-24 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 Friday, April 14, 2023 5:00 p.m. Awardees will be notified after the 23/24 budget has received final approval, typically in August.

Name of Program Activity:			
Submitted by:			
Name of Sponsor, if different:			
Location of IRA Activity	ation of IRA ActivityDate of IRA activity		
Approval of Department Chair/ Supervisor:			
Name (please print) Si	gnature		
Name and Approval of Dean (or VP if application)	ant is outside Academic Affairs):		
Name (please print) Si	gnature		
TOTAL AMOUNT REQUESTED:			
Do Not Write Below This Line	For Office Use Only		
Disposition of IRA Committee Recommended	d: amount: \$ Not Recommended		
Signature, IRA Committee Chair	Date		
Provost Approved Denied _			
VPAF Approved Denied	Signature Signature		



2023-24 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	2023/24 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 another authorizing official.

Faculty/Staff Travel	Budget	Details	
Transportation			
Lodging			
Meals			
Total non-IRA Travel Expenses			
Source of faculty/staff travel fund	ls:		

Name and Title (please print)	Signature

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