

Application
Instructionally Related Activities Funds Request
2007 – 2008 Academic Year
DEADLINE: Fall and Academic Year 3/31/07, Spring 10/31/07

Applications should be sent to the appropriate program chair. Chairs will route them to the Dean's Office, then to the IRA Committee.

Please check if any of the following apply to your IRA:

- | | | |
|---|---|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip | <input checked="" type="checkbox"/> Event |
| <input type="checkbox"/> IT Requirements | <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Risk Management Consultation | |
| <input type="checkbox"/> Infrastructure/Remodel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/31, Spring 10/31) | |
| <input type="checkbox"/> Other _____ | | |

*Provide additional explanation and/or proof of consultation for each box checked (see below)

Activity Title: 2007 Fall Festival of Short Plays

Date of Submission: 15 Oct 07

Previously Funded: YES NO Yes, Request # TK910 730 90074

Assessment submitted for previously Funded Activity: YES NO

Activity/Event Date(s): Nov 1-3, 2007

Project Sponsor/Staff (Name/Phone): Bob Mayberry x2786

Support Personnel (Name/Phone): Catherine Burriss x3126, Luda Popenhagen x3187

Department # for Funding Transfer (i.e., 730-English, 740-History, etc.): 730-English

Amount Requested: billions

Estimated Number of Students Participating: 50-100

CSU

203

C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

Employee Applicant Volunteer Non-Employee Student (waiver on file)

TRAVELER'S NAME Bob Mayberry		RESIDENCE ADDRESS 230 Frenchy's Cove #52		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 437-2786	
DEPARTMENT 730		POSITION Assoc Professor		DATE PREPARED 4/23/08	
DEPARTURE DATE 11/1/07	DEPARTURE TIME (AM/PM) 5pm	RETURN DATE 11/3/07	RETURN TIME (AM/PM) 8pm	FORM PREPARED BY: Mary Devins	EXTENSION 3253
DELIVERY OPTIONS SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check					

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA		NA		NA					0.00		0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
10/30/07	Fall Festival of Short Plays					N/A					0.00	303.03	303.03
11/12/07	Fall Festival of Short Plays										0.00	348.40	348.40
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$651.43	651.43
LESS AMOUNT PREVIOUSLY PAID BY CSUCI													
LESS ANY OTHER ADJUSTMENTS													0.00

Comments: _____

Source of Funding: (Please verify charfields before submitting to AP)							AMOUNT DUE TRAVELER		\$651.43
Account	Fund	Dept	Program	Class	Project	Amount			
660002	TK910	730	90185			651.43			

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Reimbursement for construction and paint expenses for Fall Festival of Short Plays, an IRA sponsored event. See attached spread sheet and receipts detailing \$348.40 in construction and paint expenses. Due to late submission of proposal, IRA committee voted on and awarded funds after the event had already taken place.	NORMAL WORK DAYS & HOURS
	PRIVATE VEHICLE LICENSE
	MILEAGE RATE CLAIMED 0.505 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <i>Bob Mayberry</i>	CLAIMANT'S SIGNATURE & DATE
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE & DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE & DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE & DATE

Lee Harrison
 13758 Grand Isle Drive
 Moorpark, CA 93021
 805-553-0635

Invoice No. 232

INVOICE

Customer

Name CSUCI English Dept.
 Address _____
 City _____ State _____ ZIP _____
 Phone _____

Misc

Date 10/30/2007
 Order No. _____
 Rep _____
 FOB _____

Qty	Description	Unit Price	TOTAL
200	Color programs, 8.5x14	\$ 0.90	\$ 180.00
100	Color Fliers, 8.5x11	\$ 0.75	\$ 75.00
15	Color Posters, 11x17	\$ 1.40	\$ 21.00
1	2'x3' color poster	\$ 27.03	\$ 27.03

*Paid -
 ck # 1283
 Bob Mayberry*

SubTotal	\$ 303.03
Shipping	
TOTAL	\$ 303.03

Payment Select One...

Comments _____
 Name _____
 CC # _____
 Expires _____

Tax Rate(s)

Office Use Only

BOB MAYBERRY
230 FRENCHY'S COVE, #52 PH. 805-945-1000
CAMARILLO, CA 93012

90-0150
3222
002589701

1283

DATE 9 Oct 07

PAY TO THE ORDER OF Lee HARRISON \$ 303.00
Three hundred and 00/100 DOLLARS

Security Features
Include
Details on Back

 **MISSION** FEDERAL CREDIT UNION
PO Box 919823
San Diego CA 92191-8023
1-800-500-MFCU
Member FDIC

MEMO Full Rental

Bob Mayberry

⑆ 3 2 2 2 8 1 5 0 7 ⑆

00 2 5 3 7 7 0 1 ⑆ 1 2 8 3

ConstructionCostsFallFestivalofShortPlays.xls

Date	Vendor	Item	Amount
9/22/2007	WalMart	Tape/Posterboard	9.28
10/2/2007	Home Depot	Plate/Brace/Nut	78.58
10/6/2007	WalMart	Posterboard/xactos	17.85
10/6/2007	JoAnns	Blackout Fabric	44.97
10/8/2007	Home Depot	Solid half/Qtr Round	19.26
10/14/2008	Kmart	Tape	7.49
10/16/2007	JoAnns	Velcro	10.71
10/17/2007	Home Depot	Drop cloths/plast bags	10.56
10/17/2007	Home Depot	foam/face mask/brace	33.78
10/17/2007	Home Depot	return brace	-17.93
10/19/2007	WalMart	Posterboard	10.8
10/19/2007	Michaels	Spray Paint	68.89
10/29/2007	Michaels	Black Gesso	12.86
10/29/2007	Kmart	tray/masking tape	11.12
10/30/2007	Aaron Brothers	Spray Paint	26.14
10/30/2007	Staples	Color Photo Paper	27.03
11/12/2007	Home Depot	Return plate/bags	-7.79
11/12/2007	Michaels	Return spray paint	-15.2
			348.4

THE HOME DEPOT 1012
401 W VENTURA BLVD
CAMARILLO, CA 93010 (805)389-9918

1012 00017 45595 11/12/07
RETURN 32 PTOOOM 02:56 PM

**** REFUND ****

* ORIG REC: 1040 057 06981 10/17/07 TA *

030699146710 PLASTBAGGDS -0.98
030699146819 PLASTBAGGDS
3.00000-2.94/3.0000 -2.94
SALES TAX -0.28

* ORIG REC: 1012 058 58667 10/23/07 TA *

030699152995 MEND. PLATE
2.00000-3.78/2.0000 -3.78
095421070046 MAGNETS -1.98
095421070114 MAGNET -1.50
SALES TAX -0.53

SUBTOTAL -11.18
SALES TAX -0.81
TOTAL -\$11.99

INVOICE 0170744 TA -4.20
INVOICE 0170745 TA -7.79

**** REFUND ****

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encuesta sobre su visita a la tienda y
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User ID:
92491 91496

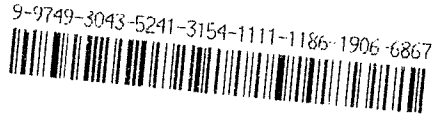
Password:
7562 91479



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351 CARMEN DR - STE A
CAMARILLO, CA 93010

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130 SALE 8455 9525 04 11/12/07 12:00

RETURNS**

AMER 20Z ACR SAB 16455161302 1.09- 1 @ 1.09 R
AMER 20Z ACR TRUE 16455229309 1.09- 1 @ 1.09 R
BLACK GESSO 160Z 18318062621 11.99- 1 @ 11.99 R
SUBTOTAL 14.17-
SALES TAX 1.03-
TOTAL 15.20-

ACCOUNT NUMBER

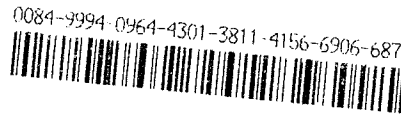
VISA/MASTERCARD

APPROVAL:
LAYLA WINDWELLS

REFUND

15.20-

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SALE 626821 14 005 18678
1400 10/30/07 01:11
OUR PRICE

1	OVSZCOLORPHOTO24X3	
	678873	25.20
	SUBTOTAL	25.20
	Standard Tax 7.25%	1.83
	TOTAL	\$27.03
	Cash	100.10
	Cash Change	73.07

TOTAL ITEMS 1

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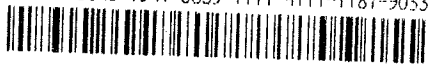
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9-9549-3043-1941-3659-1111-4111-1187-9033



125 SALE 7972 4800 003 [REDACTED] 10:33

BLACK GESSO 160Z 18918062621 11 99 1 @ 11.99
SUBTOTAL 11 99
SALES TAX 87
TOTAL 12.86

ACCOUNT NUMBER [REDACTED]
VISA/MASTERCARD 12.86
APPROVAL: 41811B SWIPED ONLINE
LAYLA WINDWILLOWS

0024-9994-0964-4304-3161-9151-7183-903



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Ventura, CA 93003-5234

805-644-7227 10-30-07 500082 R002

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DECOCOLOR FINE BLK	3.19
0000440461	
DECOCOLOR FINE RED	3.19
0000440529	
JM SPRAY MOUNT SPRAY	17.99
0000002360	
SUB TOTAL	24.37
SALES TAX	1.77
TOTAL	26.14
AMOUNT TENDERED	
HC/VISA	26.14
CARD #:	[REDACTED]
EXP DATE	0610
AMOUNT	26.14
AUTH CODE	072108

TOTAL PAYMENT 26.14

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#30977 10-30-07 03:13P Patty

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125 SALE 7971 4800 003 10 57

BLACK GESSD 160Z	18918062621	11.99	1 @	11.99
SUBTOTAL		11.99		
SALES TAX		87		
TOTAL		12.86		

ACCOUNT NUMBER

VISA/MASTERCARD 12.86

APPROVAL: 71728B SWIPED ONLINE

LAYLA WINDWILLOWS

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CASHIER:

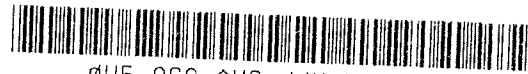
GENERAL MERCHANDISE

02238412050	MINI TRAY		
	2 @ 1/2.69	5.38	T
05113179748	MASKING TAPE	4.99	T
<u>GROCERY</u>			
03700004249	MAGIC ERASER	2.89	T
04650021764	GLADE OIL2PK A	4.29	T

**** TAX	1.27	BAL	18.82
XXXXXXXXXXXXXXXXXXXX			
MC APPROVAL 76049B		11.12	18.82
VF MC			
CHANGE			.00

YOUR TOTAL SAVINGS: .70

TOTAL NUMBER OF ITEMS = 5



0W5 OGC AH9 00W NVO UWS

RECEIPT# 04285 102907 005 52931

10:58 AM 4285 05 5293 0015

Merchandise included in today's
transaction may be returned or
exchanged before 01/27/08 with
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125 SALE 7548 4800 000 [REDACTED] 1 41

DSN MST SPRAY PAI	8596017075	5.99	1 @	5.99
DSN MST SPRAY HO	8596017174	5.99	1 @	5.99
DSN MST SPRAY BL	8596017518	5.99	1 @	5.99
DSN MST SPRAY OR	8596017754	5.99	1 @	5.99
DSN MST SPR PERF	8596017808	5.99	1 @	5.99
DESIGN MASTER OLI	8596017907	5.99	1 @	5.99
DESIGN MASTER ASP	8596017914	5.99	1 @	5.99
DESIGN MASTER ROB	8596017921	5.99	1 @	5.99
DSN MST SPRAY	8596017969	11.98	2 @	23.96
AMER 20Z ACR SAB	16455161302	1.99	1 @	1.99
AMER 20Z ACR FLE	16455178300	2.18	2 @	4.36
AMER 20Z ACR TRUE	16455229309	1.99	1 @	1.99
CNDY-JELLY BELLY	71567661096	2.49	1 @	2.49 N
KRYLON SPRKNG C	724504112525	1.99	1 @	1.99
SUBTOTAL				68.74
SALES TAX				4.80
TOTAL				73.54

ACCOUNT NUMBER [REDACTED]
 VISA/MASTERCARD [REDACTED]
 APPROVAL: 914368 [REDACTED]
 LAYLA WINDWILL [REDACTED]

70.87
 68.39

0054-9994 0964-4304 01 9151 7188-763



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RALPHS/ SAV-ON CENTER

3497658 VELCRO WHT 3/4X5" SB
1 @ 9.99 9.99
SUB-TOTAL 9.99
7.250% SALES TAX 0.72
TOTAL 10.71
035425 AUTH
VISA 10.71

STORE # 1223 - 0003 ASSOCIATE # 3809
TRANS #: 002104 10:45 AM

THANK YOU COME AGAIN
NICOLE

MOONLIGHT MADNESS
SUN OCTOBER 21 THRU
SATURDAY OCTOBER 27
SIGN UP TODAY TO BE A
PREFERRED GUEST

THE HOME DEPOT 1040
401 W ESPLANADE DRIVE
OXNARD, CA 93030 (805)983-0653

1040 00057 06981
SALE 14 SCOT57 08:29 PM



047034021045 DROP CLOTH <A> 3.97
030699146819 PLASTBAGGDS <A>
3@0.98 2.94
030699248117 PLASTBAGGDS <A>
2@0.98 1.96
030699146710 PLASTBAGGDS <A> 0.98
SUBTOTAL 9.85
SALES TAX 0.71
TOTAL \$10.56
AUTH CODE 038211/6574839 TA



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/14/2008

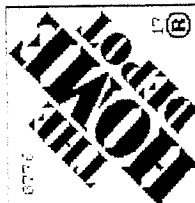
THE HOME DEPOT RESERVES THE RIGHT TO
CHANGE THE RETURN POLICY WITHOUT NOTICE.
SEE STORE FOR DETAILS.

THE HOME DEPOT 1040
401 W ESPLANADE DRIVE
OXNARD, CA 93030 (805)983-0653



1040 00057 06973
14 SCOT57 08:21 PM

SALE



031131797462 SAFE RELEASE <A> 9.94
2@4.97
028074370759 2PK FOAMS <A> 2.27
025076960356 5" FOAM CUV <A> 2.27
070820161353 DUST MASKS <A> 2.57
040699153053 CORNER BRACE <A> 2.29
030699152698 CORNER BRACE <A> 6.00
033923930514 CORNER BRACE <A> 2.29
033923930260 MEND. PLATE <A> 3.78
2@1.89
SUBTOTAL 31.50
SALES TAX 2.28
TOTAL \$33.78
AUTH CODE 038198/6574838 TA



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/14/2008

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DETAILS.

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THE HOME DEPOT 1040
401 W ESPLANADE DRIVE
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SALE 1040 00016 90106 10/08/07
11 FGE6H4 06:13 PM



099443082728 SOLID HALF <A> 8.09
14.200.57
099443097685 QTR. ROUND <A> 9.87
14.300.69
SUBTOTAL 17.96
SALES TAX 1.30
TOTAL \$19.26
19.26
TA
AUTH CODE 022893/5164509



1040 16 90106 10/08/2007 4550

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/05/2008

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REGALO DE THD
DE \$5,000!

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User ID:
181541 180517



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CASHIER: TERESA
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05113153590 DUCT TAPE 2.99 T
05113180188 PACKING TAPE 4.99 T
05113196934 SCOTCH TAPE 1.99 I
60308400107 FRUCTIS SHP
1 @ 2/6.00 A 3.00 T
60308400108 FRUCTIS COND
1 @ 2/6.00 A 3.00 T
GROCERY
02310001259 30ZWHISKCHIC
1 @ 10/3.00 A .30 T
02310001259 30ZWHISKCHIC
1 @ 10/3.00 A .30 T
02310001259 30ZWHISKCHIC
1 @ 10/3.00 A .30 T
02310001266 30ZWHISTURKE
3 @ 1/ .30 .90 T
03800027362 60 TARIS
1 @ 4/10.00 A 2.50 F
0440790 CRACKERS A 1.66 F

**** TAX 1.29 BAL 23.22

VS APPROVAL 032326
VF VS 23.22
CHANGE 1.00

YOUR TOTAL SAVINGS: 3.43

TOTAL NUMBER OF ITEMS = 13



ØEX HZJ LH9 Ø1M QRF RKZ

11:29 AM 4285 09 6402 0012

Merchandise included in today's
transaction.

Application
Instructionally Related Activities Funds Request
2006 – 2007 Academic Year

Please provide the following in your application:

1. **Brief Activity Description.** Now that the Festival has become an annual event, we annually integrate it with other programs and co-curricular events on campus. To that end, the Festival is now co-sponsored by English, Performing Arts and Art. Students from all three programs are involved in some aspect of the Festival: this year, and English majors submitted scripts and have been cast for parts in the plays, a half dozen or more Performing Arts students will also serve as actors and at least one will help us run the technical aspects of the show, and three Art students have designed the set, posters and programs. The work of the Art students is the costliest: they need wood and canvas and paint. Last year more than 60 students attended the two performances; this year we've added a third performance night when dorm residents will be invited to attend for free. We expect to exceed 100 students in attendance this year.
2. **Relation to IRA to Course Offerings.** The new Bachelor of Arts in Performing Arts program is intimately involved with the Festival. Students from all PA courses were invited to be part as actors, technicians or playwrights. The classes most directly related to the Festival include PATH 333 Multicultural Drama and PATH 280 Acting I. The Art capstone course, ART 499, has three students whose semester project includes designing stage pieces, programs, and posters for the Festival. And students from many English classes, but most particularly ENGL 463 Writing for Stage and Screen, will have the opportunity to see original scripts, many written by faculty and students on our campus.
3. **Activity Assessment.** The traditional form of assessment in the performing arts is audience response—gauged by attendance, applause and verbal responses. We will certainly be scrutinizing how our audiences respond to the plays. In addition, we are making efforts to build a broader student base of support, chiefly by inviting resident students to a special Thursday night performance which will be followed by “talk-backs” with the audience to learn more about their responses.
4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Attachment A)

Sources of Activity Support. No other grants have been submitted, nor other sources for funding identified. In the past, English and Performing Arts have been able to provide the refreshments and defray some of the costs of printing programs, but both programs have already exceeded this years' budget.

Application

Instructionally Related Activities Funds Request
2006 – 2007 Academic Year

ATTACHMENT A

ACTIVITY BUDGET FOR 2007-2008

1. Operating Expense Budget

A. Supplies: Paint	160.
A. Supplies: Construction materials	180.
B. Vendor Printing: Posters/Flyers	260.
C. In-State Travel	0
D. Out-of-State Travel	0
E. Equipment Rental	0
F. Equipment Purchase	0
G. Contracts/Independent Contractors	0
H. Honorarium: \$50 per playwright	300.
I. OPC Chargeback	0
J. Copier Chargeback	0
K. Other	
TOTAL	900.


2. Revenue

A. Fees: Ticket sales <i>(Based on last fall's sales)</i>	250.
B. Matching Budget	0

TOTAL REQUEST 650.

Signatures and Dates


Project Sponsor : Bob Mayberry, ENGL
Date: 12 OCT 07


Program Chair/Director
Date: 10/12/07


Dean
Date: 10/16/07

Application
Instructionally Related Activities Funds Request
2006 – 2007 Academic Year

Explanation/Consultation

Equipment Purchase-if large equipment must show proof of correspondence with OPC Administration, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-OPC Forms) Keep into consideration timeframe for set-up and take down.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms)

IT Requirements-requires proof of correspondence with IT Administration

International Travel-requires International Travel application be submitted to Center for International Affairs

Risk Management Consultation-requires proof of correspondence with Bill Kufper (Risk Management)

Space/OPC Requirements, Infrastructure/Remodel-requires proof of correspondence with OPC Administration

Late Submission (Deadlines: Fall 3/31, Spring 10/31)-requires explanation for emergency funding