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<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year
DEADLINE: Fall and Academic Year 3/14/08
Spring 10/15/08

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title:

Project Sponsor/Staff (Name/Phone): Jean Peters

Activity/Event Date(s): Sept, 08

Date Funding Needed By: Sept, 08

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

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

- Equipment Purchase
- Event
- IT Requirements
- International Travel
- Space/OPC Requirements
- Infrastructure/Remodel
- Other _____
- Field Trip
- Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter
- Risk Management Consultation
- Late Submission (Passed Deadlines: **Fall 3/14, Spring 10/15**)

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code:

Date of Submission: ~~Mar 13, 08~~ (Mar 13, 08)

Amount Requested: \$ 300.00
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 45 +

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Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

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 and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

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

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

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Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Chumash Elder Julie Tumamait will lecture on Chumash history and stories

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that related to the program proposed.

She is lecturing in our Eng. 334 class, Narratives of Southern California. The class is open to others who would like to hear her – Several did come, and announcements were sent to other teachers.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

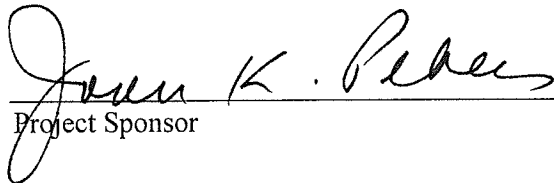
The students will write paragraphs about what they took from her lecture

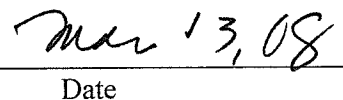
4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Attachment A)


\$300

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

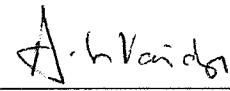
Signatures and Dates


Project Sponsor


Date


Program Chair/Director

3/13/08
Date


Dean

3/17/08
Date

RECEIVED

MAR 14 2008

Dean's Office

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

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ACTIVITY BUDGET FOR **2008-2009**

1. Operating Expense Budget

- A. Supplies _____
- B. Vendor Printing _____
- C. In-State Travel _____
- D. Out-of-State Travel _____
- E. Equipment Rental _____
- F. Equipment Purchase _____
- G. Contracts/Independent Contractors _____
- H. Honorarium \$ 300.00 _____
- I. OPC Chargeback _____
- J. Copier Chargeback _____
- K. Other (Please Specify) _____

- TOTAL Expenses _____

2. Revenue

- A. Course Fees _____
- B. Ticket Sales _____
- C. Out of Pocket Student Fees
(exclusive of course fees) _____
- D. Additional Sources of
funding
(Please specify
And indicate source) _____
- E. **Requested Allocation
from IRA** _____

- Total Revenue _____

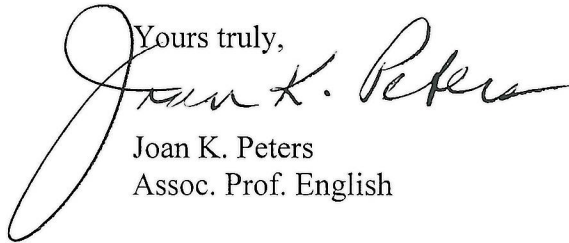
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Aug. 28, 08

Dear Julie Tumamait,

Thank you for accepting our invitation to speak here at CSUCI Sept. 2, 10:30 in Rm. 1688 as part of the "Narratives of Southern California" course.

Yours truly,



Joan K. Peters
Assoc. Prof. English

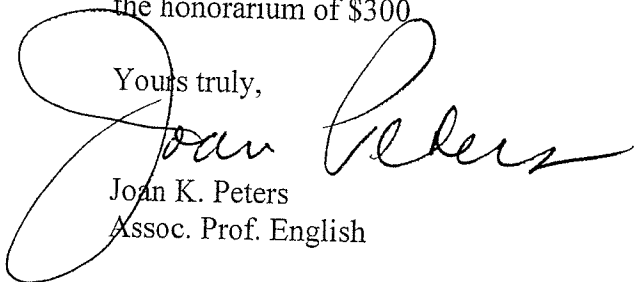
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Aug. 28, 08

Dear Julie Tumamait,

Thank you for accepting our invitation to speak here at CSUCI Sept. 2, 10:30 in Rm. 1688 as part of the "Narratives of Southern California" course. We are glad to pay you the honorarium of \$300.

Yours truly,



Joan K. Peters
Assoc. Prof. English

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PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME <i>Julie Tumamait</i>
	MAILING ADDRESS (Number and Street or P.O. Box Number) <i>365 N. Poli Ave.</i> <i>Ojai, Ca - 93023</i> (CITY, STATE, and ZIP CODE)

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <i>15111-1111-194911</i>	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
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5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <i>Julie Tumamait</i>		TITLE <i>Chumagh Elder</i>
	SIGNATURE		DATE <i>10/2/08</i>
			TELEPHONE NUMBER <i>(805) 46-5214</i>