



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

**Application**  
**Instructionally Related Activities Funds Request**  
**2009-2010 Academic Year**  
**DEADLINE: Fall and Academic Year 3/15/09**  
**Spring 10/15/10**

Applications must first be sent to the appropriate program chair. Chairs will then 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: Tim Miller Residency**

Project Sponsor/Staff (Name/Phone): **Catherine Burriss, x 3126 (cell phone: 510-384-0769)**

Activity/Event Date(s): **February 7-12, 2010**

Date Funding Needed By: **January 15, 2010**

\*\*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:**

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

Previously Funded:  YES     NO    Yes, Request # **\_0138 ('06-'07)**\_\_\_\_\_

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: **Performing Arts, 731**

Date of Submission: **October 9, 2009**

Amount Requested: **\$4750**

(Should match item 2. E. on page 4)

Estimated Number of Students Participating: **100-200+ (15 workshop participants, 40-100 students in classes visited, 100-150 students attending the workshop performance and/or Lay of the Land)**

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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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2009-2010 Academic Year

**Requirements and Signatures**

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.

Tim Miller, the critically acclaimed solo performer and educator, has agreed to do a week-long performance residency at CSUCI. Mr. Miller is a world-class performer who has been creating and performing successful solo pieces for decades, and also founded the nation's two most influential venues for experimental performance, PS 122 in New York and Highways Performance Space in Santa Monica. A dedicated educator as well, Mr. Miller has taught at UCLA and Cal State LA, and has conducted workshops at universities all over the country, from UC Berkeley to UNC Chapel Hill, and many other smaller state schools in between. His CSUCI residency would involve three main components:

(1) Mr. Miller leading an intensive performance workshop with around 15 students, culminating in an original, student-created performance on Saturday evening (this workshop will be open to students in all majors who can attend the intensive workshop rehearsals—evenings and all day Friday and Saturday—on a first-come basis);

(2) Mr. Miller performing *Lay of the Land*, his well-received latest solo performance, on Thursday evening for a campus and Ventura county audience of around 200; and

(3) Mr. Miller visiting various classes (PA 101 Introduction to Performing Arts, ENGL/GEND 433 Gay/Lesbian/Bisexual/Transgender Studies, among others).

Mr. Miller's last visit to campus three years ago was a resounding success. His performance of *Glory Box* provided an invaluable opportunity for students across disciplines to attend a live performance and discuss its artistic, political, and social implications. Mr. Miller's class visits provided excellent occasions for students to exercise critical thinking, and learn about contemporary American performance history and practice. The workshop he led gave students a novel chance to create, develop and perform individual work in collaboration with other students, one of the primary learning objectives of the Performing Arts Program.

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 relate to the program proposed.

GEND/ENGL 433 Gay/Lesbian/Bisexual/Transgender Studies  
PA 101 Introduction to the Performing Arts  
PATH 380 Acting II  
PATH 281 Play Analysis  
HIST/PATH 338 Theatre in History  
BUS/PA 335 Business and the Performing Arts  
ENGL/PATH 333 Multicultural Drama in Performance  
POLS 305 Gender and Politics  
POLS 316 State and Local politics and policy  
SOC 201 Social Problems  
SOC 350 Social Stratification  
SOC/POLS 330 Political Sociology  
SOC/ENGL 320: Sociology of Popular Culture  
SOC 410 Sociology of Gender & Sexuality

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.**

We will collect informal student evaluations of the workshop and class visits.

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

The **\$4750** requested will cover:

**-Mr. Miller's artist fee of \$4000—PLEASE NOTE:** this is an unusually low cost for a week's residency. Mr. Miller normally charges \$5000, but he is eager to come work with us again and has agreed to a substantially reduced fee; likewise, we are getting a great deal because he is willing to stay with family in Ventura, saving hundreds of dollars on hotel costs.

**-Partial printing/copying costs (\$200 for posters/flyers, and programs);** Performing Arts will cover copier chargeback costs (for scripts, event/class visit evaluation forms, etc.).


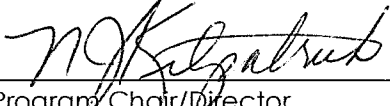
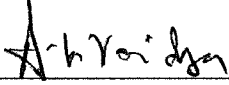
**-\$500 (2x\$250) in OPC event set-up/break-down charges** for the student workshop performance and Mr. Miller's performance—this is a high estimate, but actual charges may be less, depending on audience seating status of MA 140 at the time of the performances.

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

Mr. Miller's performance of *Lay of the Land* has the potential to make back money in the form of ticket sales to the general public and faculty and staff (CSUCI students would not be charged; faculty and staff would be charged \$10, general public \$15). The \$250 listed in the budget is a very conservative estimate (assuming 10 people buy tickets at \$15 and 10 at \$10 each); however, ticket revenue will probably exceed that amount. Also, Performing Arts will cover photocopying costs associated with the residency.

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

 Project Sponsor	<u>10/09/2009</u> Date
 Program Chair/Director	<u>10/12/09</u> Date
 Dean	<u>10/14/09</u>

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**ACTIVITY BUDGET FOR 2009-2010**

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	<u>200</u>
C. In-State Travel	_____
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	<u>300 (Technical Director John Price)</u>
H. Honorarium	<u>4000</u>
I. OPC Chargeback	<u>500</u>
J. Copier Chargeback	<u>75</u>
K. Other (Please Specify)	_____
 TOTAL Expenses	 <u>5075</u>

2. Revenue

A. Course Fees	<u>N/A</u>
B. Ticket Sales	<u>250 (conservative estimate)</u>
C. Out of Pocket Student Fees (exclusive of course fees)	<u>N/A</u>
D. Additional Sources of funding (Please specify And indicate source)	<u>75 (PA copier chargeback)</u>
<b>E. Requested Allocation from IRA</b>	<b><u>4750*</u></b>

Total Revenue 5075

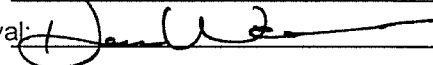
\*Please note that higher tickets sales may further reduce the net amount allocated.

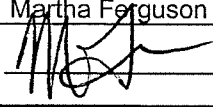
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### CHARGEBACKS - TPS

Date: 4/20/2010 Period: April-10 JE# \_\_\_\_\_

Reason: Tim Miller Performance 2010-AABTGW Accounting Code: 66003-TK910-731-90278

Originator: Martha Ferguson Dept. Budget Approval: 

TPS Approval:  Accounting Approval: \_\_\_\_\_

Account							Debits	Credits
Account Name	Acct#	Fund	Dept	Program	Project			
Cash	101006	TG901			0	0	-	
Revenue - Other - shuttle/traffic	580094	TG901	420		0	0		-
See attached breakdown								
<b>420 Others:</b>								
Cash	101006	TG901			0	0	-	
Space/lot Rental	580094	TG901	420		0	0		-
Cash	101006	TG901			0	0	40.00	
Signage ( Up to 6- \$40)	580094	TG901	420		0	0		40.00
Chargeback Total							<b>40.00</b>	<b>40.00</b>

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Page 1 of 1

Input By: \_\_\_\_\_ Date: \_\_\_\_\_

# MILLER PERFORMANCE

~~A~~ 2/10/10

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Lay of the Land

Reference: 2010-AABTGW  
 Requestor Cell Phone Number: 510-384-0769  
 Billing Contact Name: Catherine Burriss  
 Billing Contact Number: 510-384-0769  
 Accounting - OPC Charges: 660832-TK910-731-90278  
 Layout - Theater/Auditorium: No  
 Layout - Classroom: No  
 Layout - Banquet/Dining: No  
 Layout - Drop Off Only: No  
 Banner Placement By OPC Requested: No  
 Estimated Number Of Off Site Guest Cars: 20  
 Guests To Purchase Own Permit: Yes  
 Audience - Students: No  
 Audience - Campus Community: No  
 Audience - Open To The Public: Yes  
 Audience - Invitation Only: No  
 Will Catering/Food Be Served?: No  
 Estimated Number Of Guests: 75  
 Organization: PERFORMING ARTS DEPARTMENT  
 Event Requestor: Burriss, Catherine 805/437-3126

Signage = 6 signs @ \$40  
 E-mail to Catherine for an acct stmtg 3/26/10  
 CB sent 4/20/10

Description:

Complete

**Task**  
 Police & Parking Review Required  
**Assigned By**  
 Weir, Amber

Comments

Mark as Unread

Save Comment

Date	Start Time	End Time	Location	Resource
Wed Feb 10 2010	08:00 PM	10:00 PM	1 - OTHER	Trash Cans (2)





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**Procurement & Contract Services**

Valerie Patscheck: (805) 437-8878  
 Cathy Strauch: (805) 437-8478  
 Brian Berry: (805) 437-8449  
 Ilene Soto: (805) 437-8481

Fax: (805) 437-8436

**AFTER-THE-FACT JUSTIFICATION**

<b>Vendor name:</b> Graphic Ink
<b>Vendor address:</b> 356 Storke Road Goleta, CA 93117
<b>Vendor Phone:</b> 805-845-5300
<b>Amount due:</b> \$199.99
<b>Invoice #:</b> 12-324
<b>Invoice date:</b> 2/10/2010

*Please answer the following questions to show how this purchase occurred outside of normal procurement processes.*

**1. Why wasn't the standard purchasing procedure followed?**

Catherine Burriss had arranged for the printing for this planning to use her Pro Card to pay for it and then remembered that you can't use your Pro Card for printing. At that point, the printing job had already been completed.

**2. Explain in detail what constitutes this purchase as an emergency purchase.**

The service has already been completed.

**3. What steps have been taken to avoid a similar situation?** She knows that in the future she will have to ask for permission from Marysia Wancewicz to use a Pro Card for Printing or to contact the appropriate support coordinator in advance to complete an RGS and get a PO.

*Please attach proof of delivery or services performed. This may be in the form of a packing slip, freight bill and/or invoice. Send this form with attached documentation including check request form, invoice & approval signatures below to Procurement.*

<u>Signatures/Approvals</u>	<u>Print Name</u>	<u>Signature</u>	<u>Date Approved</u>
*IT/OPC Mgr (if required)			
Chair/Dept. Budget	Jacquelyn Kilpatrick		6-3-10
Dean/Director	Ashish Vaidya		6/2/10
Division VP/Designee	Dawn Neuman		6/10/10
President (if required)			

*\* If the purchase was IT or Construction/Building Maintenance related please obtain appropriate signatures from those areas.*

**Procurement Manager Review & Approval**

<u>Printed Name</u>	<u>Signature</u>	<u>Date Approved</u>
Valerie J. Patscheck		

# INVOICE

## Customer Information

CSUCI  
Catherine Burriss



356 storke road | goleta, ca 93117  
ph 805.845.5300  
fax 805.845.5301

Invoice Date 2/10/2010  
Invoice Due Date 3/12/2010  
Invoice No. 12-324  
P.O. No. Catherine Burriss  
Project Lay of the land

Item	Quantity	Unit Price	Ext Price
Digital Color 4/1 8.5 x 11	150	0.45	67.50T
Large Format Posters	3	30.00	90.00T
Digital Color 4/0 11 x 17	30	0.88	26.40T

Subtotal \$183.90  
Tax (8.75%) \$16.09  
Total \$199.99

Please do not hesitate to call us @ 805.845.5300 with any questions.  
Just A Reminder: We offer free pickup and delivery on all proofs and orders!  
Thank you for your business!



## California State University Channel Islands Check Request Form

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

**MAKE CHECK PAYABLE TO:**

Name: Graphic Ink \_\_\_\_\_

Address 1: 356 Storke Road \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Goleta, CA 93117 \_\_\_\_\_

Amount: \$ 199.99 \_\_\_\_\_

PeopleSoft Vendor ID: 6178 \_\_\_\_\_

Note: New vendors must complete a Form 204

**Check Instructions:**

- Mail to payee
- \* Pick up at Cashier - Ext \_\_\_\_\_
- Mail attachments with check – include copies

Description to appear on reports (30 characters)

Printing Invoice #12-324 \_\_\_\_\_

\*Check will only be held for 48 hours after notification before being mailed out.

**TYPE OF PAYMENT:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advertising              | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical                    |
| <input type="checkbox"/> Art Model                | <input type="checkbox"/> Membership/Dues             | <input type="checkbox"/> Tax Remittance*                            |
| <input type="checkbox"/> Bank Fee*                | <input type="checkbox"/> Parking                     | <input type="checkbox"/> Utility/Telephone                          |
| <input type="checkbox"/> Freight/Postage          | <input type="checkbox"/> Payroll                     |   |
| <input type="checkbox"/> Honorarium/Speaker       | <input type="checkbox"/> Permit/License              | <input checked="" type="checkbox"/> IRA Activity                    |
| <input type="checkbox"/> Interpreting/Note taking | <input type="checkbox"/> Registration/Conference     | <input checked="" type="checkbox"/> Other- <b>must</b> be explained |

\*Accounting Use Only

\*\*Hampton Inn/Country Inn/Courtyard Marriott

**DESCRIPTION AND/OR EXPLANATION OF PAYMENT:**

Printing for IRA sponsored activity Tim Miller's Lay of the Land. After the Fact Justification attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
660002	TK910	731	90278			\$199.99
<b>Total</b>						\$199.99

\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

Date

**Approver:** Jaquelyn Kilpatrick \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

Date



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Division of Academic Affairs

Dear Tim Miller:

On behalf of myself, the Performing Arts Program, and Instructionally Related Activities at CSUCI, we are so happy that you will be joining us to do a visiting artist residency from Friday, February 5 to Friday, February 12, 2010. We have secured funding to offer you \$4000 honorarium for your visit, which will include the following: leading a student performance workshop for approximately 15 students that culminates in a public performance on the evening of Friday, February 12; performing LAY OF THE LAND on campus the evening of Thursday, February 11; and various classroom visits to be arranged.

We will continue to be in contact prior to your arrival in lovely Ventura county, in order to make detailed arrangements.

Warmly,

Dr. Catherine Scott Burriss  
Assistant Professor of Performing Arts  
California State University, Channel Islands One University Drive Camarillo, CA 93012  
805-437-3126



Channel Islands  
CALIFORNIA STATE UNIVERSITY

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**COST RECOVERY EVENT  
Work Order**

3/8/2010  
**CR-EV  
020321**  
  
020321

Location ID : 023-0140 MALIBU HALL, THEATRE, ROOM 140 Room:  
Equipment ID : Requester:  
Serial : Contact: CATHERINE BURRISS  
PM Number: Phone : 3126  
Account: 660832-TK910-731-90278-00000-00000

Request : EVENT: TIM MILLER PERFORMANCE ON WED. FEB. 10TH IN MALIBU 140 FROM 8:00PM TO 10:00PM.

Status : CRI	Open Date : 2/9/2010	Procedure :
Priority : 1	Comp Date : 2/25/2010	Craft : LABORERS
Assigned :	Target Date : 2/12/2010	Crew :

**Actuals Hours (19.5) \$618.48 Materials \$14.08 Tools \$0.00 Service \$0.00 Total \$632.56**

Task #	Desc	Memo	Account
1	LABORERS: SET UP 50 BURGUNDY CHAIRS		
2	CUSTODIANS: DELIVER AND SET UP 2 TRASH CANS AND 2 RECYCLE CANS		
3	ENGINEERS: TURN DOWN HEAT IN MALIBU 140	TASK 3 COMPLETE, 2-10-2010	
4	CARPENTERS-ZIP TIE CHAIRS TOGETHER. CONTACT DAVID CARLSON.		

Labour						
Employee	Craft	TransDate	Description	Account	Hours	
DCAR2	LAB	2/11/2010	BREAK DOWN MALIBU 140, SET UP CLASS ROOM STYLE	580094-GD901-340-00000-00000-00000	2	
DMCD1	CUS	2/9/2010	DELIVER TO TRASH CANS AND TO RECYCLE CANS MALIBU HALL 140	580094-GD901-340-00000-00000-00000	0.5	
GSPE1	ELE	2/10/2010	CALL BACK: POWER OUT AT MALIBU 140 (EVENT). 7:30-9:00PM.	580094-GD901-330-00000-00000-00000	1.5	
GSPE1	ELE	2/10/2010	CALL BACK: POWER OUT AT MALIBU 140 (EVENT). 7:30-9:00PM.	580094-GD901-330-00000-00000-00000	2.5	
			ADDITIONAL 2.5HRS TO MAKE UP 4HR MINIMUM REQUIRED FOR CALL BACK.			
JDON1	ENG	2/10/2010	REPROGRAM THERMOSTAT IN MALIBU 140	580094-GD901-330-00000-00000-00000	1	
RELL1	CAR	2/10/2010	CHECK JOB WITH DAVE CARLSON, ZIP TIED CHAIRS PER JOB WALK	580094-GD901-330-00000-00000-00000	2.5	
RELL1	CAR	2/11/2010	REMOVED ZIP TIES, SET CHAIRS AND TABLES FOR CLASS. REMOVED TAPE FROM ONE MAT.	580094-GD901-330-00000-00000-00000	1.5	
RPER2	GRO	2/10/2010	ASSIST STEVEN W/ MALIBU SET UP	580094-GD901-340-00000-00000-00000	3	
SCON1	LAB	2/11/2010	BROKE DOWN SET UP @ MALIBU 140 AND SET UP CLASS ROOM STYLE	580094-GD901-340-00000-00000-00000	2	
SCON1	LAB	2/10/2010	SET UP EVENT IN MALIBU 140	580094-GD901-340-00000-00000-00000	3	

Materials						
Item #	Description	Unit	Account	Qty	\$/Unit	Total \$
1506	CABLE TIE, BLACK 7-1/2"	EA	660003-GD901-370-00000-00000-00000	100	\$0.07	\$7.58
5241	CABLE TIE, WHITE 7-1/2"	EA	660003-GD901-370-00000-00000-00000	100	\$0.06	\$6.50

Credit Summary	
Account	Amount
580094-GD901-330-00000-00000-00000	\$0.00
	\$369.96

580094-GD901-340-00000-00000-00000

\$248.52

660003-GD901-370-00000-00000-00000

\$14.08

Grand Total:

\$632.56

Comp Remark:

Complete

EQ Meter:

By:

Date: 2/25/2010

Hours: 19.5

Department Approval:

*ng/Kedra*

Date:

*3, 10, 10*

SIGN AND RETURN TO OPC