



<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:

Project Sponsor/Staff (Name/Phone): Joan Peters / 437-8448

Activity/Event Date(s): Spring, 2010

Date Funding Needed By: January 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 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: Fall 3/15, Spring 10/15) |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

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: 730 - English

Relation to Course Offerings: students in ALL courses are invited to submit writing, which is interdisciplinary and multidisciplinary, as well as art. As THE literary magazine for CSUCI, it can be used in many English, Writing and Art courses, and is read by the entire community.

Date of Submission: 3/19/09

Amount Requested: \$4,050

Application
Instructionally Related Activities Funds Request
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.

The Island Fox is the CSUCI literary journal; It is created by, edited by, published by and disseminated by students in the Eng. 465 course, The Creative Writing Project. They solicit, choose, and edit submissions from throughout the university community, although the emphasis is on STUDENT work. This is an annual project, a legacy to the university, and a proud outlet for our students' creative work. The date of publication is end of spring term.

GOALS: The goal of the project is to give students a practical experience in running a business, assigning responsibility, managing participants, publicizing the project, soliciting manuscripts, constructing an editorial board, and reviewing and editing submissions. They also hire an art director and work with a printing company to produce the journal.

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.

THE ISLAND FOX is the project for Eng. 465, the senior Creative Writing Emphasis course which seeks to give creative writing emphasis students practical experience in magazine publishing. It is related to all courses, in essence, because students from other courses can submit work, and be published. In future, the editorial board will seek interdisciplinary projects and art projects.

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 themselves write their own notes for the next group, explaining in detail how to publish the journal, budgets, timelines, etc. In addition, they do a self evaluation with criteria developed by the faculty member at the beginning of

F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____ \$500 (Designer)

H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____ \$50.00 (Flyers)
K. Other (Please Specify)	_____

TOTAL Expenses	_____ \$4,050
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2. Revenue


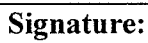
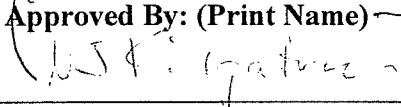
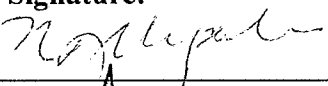
A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____ \$4,050
E. Requested Allocation from IRA	_____

Total Revenue	_____ \$4,050
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**Request for Consulting Services
Academic Affairs
CSU Channel Islands**

Consultant Information ⁱ			
Last Name: Graca	First Name: James	Emplid or last 4 digits of SSN: 000674337	
Street Address: 5106 Sandpiper Way	City: Oxnard	State: CA	Zip: 93035
Phone (Day): 805/984-5540	Phone (Eve):	Email: james.graca@csuci.edu	

Is this consulting work funded by a federal grant?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Brief Statement of Scope of Work: Design the cover and journal layout for the Island Fox Poetry Journal, an IRA funded activity.			
Relevant Skills and Academic Background of Consultant:ⁱⁱ Art faculty member with graphic design experience.			
Product or Deliverables of the Employment: Design for cover and journal layout of the Island Fox Journal			
Consulting Period Start Date:ⁱⁱⁱ 4/1/10		Consulting Period End Date: 4/30/10	
Recommended Daily Compensation:^{iv} \$100/day, NTE \$500.			
Recommended By: (Print Name) 		Signature: 	Date:
Approved By: (Print Name) 		Signature: 	Date: 4-5-10

5/6/10

ⁱ This form **must** be accompanied by an Employee Requisition.

ⁱⁱ Attach a CV if not already employed by CSUCI.

ⁱⁱⁱ Consulting Period Start and End dates must match dates on the accompanying Employee Requisition.

^{iv} Amount must be reflected in whole dollars as a "daily" and NOT hourly amount.

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Instructional Related Activities
Report Form

SPONSOR	DEPARTMENT
Barbara Thorpe, Professor of Nursing	Nursing

ACTIVITY TITLE	DATE (S) OF ACTIVITY
Creating a Digital Library of Local Complementary Health Practitioner Demonstrations	9/3/09-11/19/09

PLEASE EXPLAIN (1) DESCRIPTION OF ACTIVITY; (2) HOW DID THE ACTIVITY RELATE TO A COURSE(S); AND (3) WHAT YOU LEARNED FROM THE PROCESS.

- 1. Description of Activity:**Expert complementary and alternative health (CAH) practitioners (6) explained and demonstrated a variety of CAH therapies and practices while being videotaped. The course is an upper division interdisciplinary general education course (C3b, E) satisfying the university writing requirement. Students researched information on a CAH modality of choice, reflected on a series of questions related to the modality, described their reaction **following demonstration** of a CAH therapy/practice and analyzed the practice or therapy using reputable, evidence-based literature to support their analysis in a 2500 word paper. The CAH practitioners tapes were added to the 11 existing podcasts which were used throughout the course via video streaming through the library. All lectures/demonstrations were edited and captioned for accessibility.
- 2. Relation to IRA to Course Offerings.** The IRA request is integral to the fall, 2009 course offering: Nursing/Psychology 342, 3 units satisfying C3b, E, upper division GE and the university writing requirement. It will complete a basic digital library of 17 CAH modalities, the last 6 based on evaluation comments of 2008 students.
- 3. Activity Assessment.** A SURVEY MONKEY ASSESSMENT WAS DISTRIBUTED AND IS ATTACHED WITH PERTINENT QUESTIONS AND ANSWERS HIGHLIGHTED. STUDENTS WERE INVOLVED IN THE FILMING OF THE LAST 6 (OF A TOTAL OF 17) PRACTITIONERS. AT THE SAME TIME THEY WERE VIEWING PODCASTS OF PRIOR SPEAKERS AND REACTED TO THE CONTENT AND QUALITY OF SEEING THE DEMONSTRATIONS ONLINE.

Some findings: (the complete course survey is attached)

1. 91.7% FELT THE LECTURE/DEMONSTRATION FORMAT WAS HELPFUL TO THEIR LEARNING
- 2..100% LEARNED FROM THE CAH PRACTITIONERS.

3. 83% INDICATED THEY LEARNED FROM THE PODCASTS.

4. 79% INDICATED THEY WOULD CONSIDER VISITING A COMPLEMENTARY AND ALTERNATIVE PRACTITIONER FOR CERTAIN PROBLEMS AND CONDITIONS BASED ON THE COURSE.

5. 100% FELT THEIR ATTITUDE HAD EXPANDED AS A RESULT OF THIS COURSE.

6. 70% WOULD TAKE ANOTHER COUSE ON CAH.

A COMPREHENSIVE LIST OF PODCASTS IS ATTACHED AND IS AVAILABLE TO OTHER INSTRUCTORS BY REQUEST.

3. WHAT HAVE YOU LEARNED FROM THE PROCESS?

I LEARNED THAT STUDENTS ARE SOMEWHAT INHIBITED BY THE PRESENCE OF THE CAMERA. THEY ARE TRYING TO BE QUIET SO AS NOT TO INTERFERE WITH THE TAPING. THEY HESITATE TO ASK QUESTIONS THAT MIGHT BE CAPTURED ON TAPE. WE LEARNED TO TURN OFF THE CAMERA FOR QUESTIONS.

STUDENTS INDICATED THEY REALLY APPRECIATED THE STUDY GUIDES TO THE PODCASTS. WE ARE AIMING TO COMPLETE ANOTHER 6 PODCASTS GUIDES SO ALL OF THEM HAVE GUIDES FOR VIEWING.

STUDENTS REALLY ENJOYED GETTING UP AND ACTIVELY MOVING DURING THE YOGA, PILATES, AND FITNESS DEMONSTRATIONS. A JUDICIOUS USE OF HANDS ON ACTIVITIES AND EXPERIENTIAL ACTIVITIES IS A BONUS OF A LIVE DEMONSTRATION. HOWEVER, SEVERAL STUDENTS TOLD ME THEY WATCHED THE YOGA TAPE AND RELAXATION EXERCISE WHENEVER THEY WANTED TO DE-STRESS. THEREFORE, STUDENTS COULD BE ENCOURAGED TO INTERACT WITH THE PODCASTS AS THEY WOULD AN EXERCISE VIDEO ON TELEVISION TO CAPTURE THAT ACTIVITY BENEFIT.

OVERALL, IT WAS WORTH ALL THE PLANNING AND COMMUNICATIONS WITH THE PRACTITIONERS. THEY ENJOYED THE STUDENTS AND SHARING THEIR APPROACHES WITH A NEW GENERATION OF PROSPECTIVE CLIENTS. CARRYING THE PROJECT OVER TWO YEARS GAVE US TIME TO ADJUST THE LAYOUT OF THE ROOMS, BETTER PREPARE THE STUDENTS AND PRACTITIONERS FOR THE INTENSITY OF THE 1 HOUR TAPING.

I'VE SHARED THE COURSE WITH SEVERAL NURSING FACULTY WHO WILL BE TEACHING IT IN THE FUTURE. I THINK THE CONTENT IS EASILY ADAPTABLE TO A NUMBER OF COURSES AND THE LIBRARY CAN PROVIDE THE PODCASTS ON "EXTERNAL LINKS" IN CILEARN/BLACKBOARD TO AUGMENT THEIR TOPIC.

DEMONSTRATIONS WITH VOLUNTEERS TAKE TIME SO SOME OF OUR SESSIONS WENT OVER AN HOUR, WHICH COST MORE IN EDITING/CAPTIONING COSTS THAN WE PROJECTED. FORTUNATELY, WE HAD AN OVERAGE IN THE HONORARIA AS ONE OF THE DOCTORS DID NOT CLAIM HER HONORARIUM.

WE EXPENDED \$1,000 ON HONORARIA AND \$1099.75 ON EDITING/CAPTIONING THUS USING OUR ENTIRE BUDGET OF \$2100.

Channel Islands
Fall 2009
Regular Academic Session

Permission Numbers

https://cmsweb.cs.cmu.edu/fsp/HICPRD/EMPLOYEE/HRMS/c/ESTABLISH_C...MANAGEMENT.HCSR_CLASS_ROSTER.HIC_CLASS_ROSTER_GBL&isFolder=false (1 of 2) 5/18/2010 3:10:57 PM

Search:



- ▷ CI Customizations / Interfaces
- ▷ CSU SA Baseline
- ▷ Self Service
- ▷ Campus Community
- ▷ Student Admissions
- ▷ Records and Enrollment
- ▷ Curriculum Management
- ▷ Course Catalog
- ▷ Schedule of Classes
- ▷ Roll Curriculum Data
- Forward
- ▷ Enrollment Requirements
- ▷ Combined Sections
- ▷ Facility and Event Information
- ▷ Class Roster
- ▷ Class Roster
- ▷ Print Class Roster
- ▷ Grading
- ▷ Instructor/Advisor Information
- ▷ Academic Advising
- ▷ Set Up SACS
- ▷ Reporting Tools
- ▷ PeopleTools
- ▷ My Personalizations
- ▷ My System Profile

Class Roster

Course ID: 001241 COMPLEMENTARY & ALT HEALTH (Lecture)

Channel Islands

Catalog: NRS 342

Fall 2009

Class Nbr: 1419 Section 01

Regular Academic Session

Instructors: Thorpe-Cartee, Barbara N

Class Roster Details

Total Students: 16 *Enrollment Status: **Enrolled****Detail**

Permission Numbers

Notify	ID	Name	Grade Basis	Units Taken	Program - Plan - Subplan	Academic Level	Add Dt	Grade Dt
<input type="checkbox"/>	000432628	Bartovsky, Michael Brandon	Graded	3.00	Undergraduate - BS: Business	Senior	04/28/2009	12/19/2009
<input type="checkbox"/>	000547665	Bear, Patricia A	Graded	3.00	Undergraduate - BS: Nursing	Senior	04/28/2009	12/19/2009
<input type="checkbox"/>	000576317	Beranger III, Joseph Warren	Graded	3.00	Undergraduate - BS: Business	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000473240	Clark, Julia Marie	Graded	3.00	Undergraduate - BS: Nursing	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000604397	Davis, Genevieve Sharon	Graded	3.00	Postbaccalaureate - BS: Nursing	Graduate	09/03/2009	12/19/2009
<input type="checkbox"/>	000327302	Gallup, Morganne Mae	Graded	3.00	Undergraduate - BS: Nursing	Senior	04/28/2009	12/19/2009
<input type="checkbox"/>	000339340	Hamilton, Derek	Graded	3.00	Undergraduate - BS: Business	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000463594	Huff, Christen Lindsay	Graded	3.00	Postbaccalaureate - BS: Nursing	Graduate	04/28/2009	12/19/2009
<input type="checkbox"/>	000502516	Malone, Miles Matthew	Graded	3.00	Undergraduate - BS: Business	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000514567	Neira, Jonathan Omar	Graded	3.00	Undergraduate - BS: Business	Senior	04/29/2009	12/19/2009
<input type="checkbox"/>	000492090	Notlander, Katherine Notice	Graded	3.00	Undergraduate - BS: Nursing	Junior	04/29/2009	12/19/2009
<input type="checkbox"/>	000409748	Perkins, Elisabeth Rebecca	Graded	3.00	Undergraduate - BS: Mathematics - Physics	Senior	04/28/2009	12/19/2009
<input type="checkbox"/>	000433655	Petrilli, Claudia Anna	Graded	3.00	Undergraduate - BS: Nursing	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000363013	Schwarz, Laura Elizabeth	Graded	3.00	Undergraduate - BS: Business	Senior	04/27/2009	12/19/2009
<input type="checkbox"/>	000335297	Solano, Angelica	Graded	3.00	Undergraduate - BS: Nursing	Senior	04/28/2009	12/19/2009
<input type="checkbox"/>	000276121	Webster, Ryan A.	Graded	3.00	Undergraduate - BS: Business	Senior	04/27/2009	12/19/2009

Notify Selected Students

Notify Enrolled Students

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow the Requisition Guidelines for assistance. Incomplete Requisitions will be returned to Preparer.

PART I: EMPLOYEE INFORMATION

Date: 5/4/10	Department Name/Program: English/730	Preparers Name: Mary Devins	Extension: 3253
Employee/Student ID#: James Graca/ 000674337		Staff/Student: <input type="checkbox"/> Staff <input type="checkbox"/> MPP <input checked="" type="checkbox"/> Special Consultant <input type="checkbox"/> Student Assistant <input type="checkbox"/> FWS Student Assistant <input type="checkbox"/> Emergency Hire (See Guidelines) <input type="checkbox"/> Other Please Specify:	
Employee's Name: (Last, First, Middle Initial- **As it reads on Social Security card**) Leave blank for Recruitment: Graca, James		Faculty: <input type="checkbox"/> Full Time Tenure Track <input type="checkbox"/> Full Time Lecturer <input checked="" type="checkbox"/> Part Time Lecturer	
		Sabbatical Eligibility Date: Month Year	Difference In Pay Eligibility Date: Month Year

PART II: ACTION REQUESTED - (Select ALL that apply) See Guidelines for definitions

<input type="checkbox"/> Appointment - No Ending Date <input checked="" type="checkbox"/> Temporary Appointment - with Ending Date <input type="checkbox"/> Emergency Appointment (See Emergency Hire Guidelines) <input type="checkbox"/> Additional/Concurrent Assignment <input type="checkbox"/> Reassignment (including Pay Plan Change) <input type="checkbox"/> Change from Temporary to Probationary/Permanent <input type="checkbox"/> Credit temp full-time service to probationary period # mos <input type="checkbox"/> Time Base Change: Permanent Temporary <input type="checkbox"/> Salary Rate Change	<input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> In-Range/In-Class Progression Status in new classification: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Early Reinstatement from Full/Partial Leave <input type="checkbox"/> Retired Annuitant Appointment (Limited to 960 hours per Fiscal year) <input type="checkbox"/> Demotion <input type="checkbox"/> Working Title Change <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Stipend for UNIT: <input type="checkbox"/> Funding Source Change <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Difference in Pay Leave Fall Spring		
Effective Date of Action: 4/1/10	Ending Date (if temporary): 4/30/10	Supervisor's Name/Title Jacquelyn Kilpatrick	Extension
Explanation of Action: <input type="checkbox"/> Revised Requisition		**Special Consultants Only -- NTE \$ Amount/ Total # of Days \$100 / day NTE 5 days	
Hire as special consultant to design cover and layout of Island Fox Journal			

PART III: POSITION/ASSIGNMENT INFORMATION

Click here to reference the CSU Salary Schedule

FROM	Current Assignment - Complete all Blocks (For: Current Employee - Non-Recruitment Actions)	TO	Proposed Assignment - Complete all Blocks (For: All Recruitment & Non-Recruitment Actions)
Funding Source 1: 601801 TK910 730 90266	% Split: 100	Funding Source 1:	% Split:
Funding Source 2:	% Split:	Funding Source 2:	% Split:
Funding Source 3:	% Split:	Funding Source 3:	% Split:
Division/Department/Program		Division/Department/Program	
*Classification Level (CSU Title) Special Consultant		*Classification Level (CSU Title)	
*Skill Level (if applicable)		*Skill Level (if applicable)	
Working Title (if applicable) Special Consultant		Working Title (if applicable)	
*Class Code/Range or Grade (#### / #) 4660		*Class Code/Range or Grade (#### / #)	
*Classification Salary Range		*Classification Salary Range	
FTE/Time Base/Semester Fraction	Pay Plan (Months Off for 10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 () & () <input type="checkbox"/> 11/12 ()	FTE/Time Base/Semester Fraction	Pay Period(s) Off (10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 () & () <input type="checkbox"/> 11/12 ()
FT Monthly Salary Rate \$	Actual Salary Rate \$ 100 <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input checked="" type="checkbox"/> Daily	FT Monthly Salary Rate \$	Actual Salary Rate \$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input type="checkbox"/> Daily
Stipend Amt \$		Stipend Amt \$	

PART IV: SIGNATURES/APPROVALS

Name of Supervisor/Title: PRINT Jacquelyn Kilpatrick	Signature:	Date: 4-6-10	EXT:
Name of Department/Division Director: PRINT Ashish Vaidya	Signature:	Date: 5/6/10	EXT:
Name of Department Budget Officer: PRINT Maria Tauber FA Mgr/Kris Muller Budget Manager	Signature:	Date: 5/12/10	EXT:
Name of Financial Aid Representative (required on FWS)	Signature:	Date:	EXT:
Name of President/Designee: PRINT Dawn Neuman, Provost	Signature:	Date:	EXT:

PART V: BUDGET USE ONLY

UNIT #

Apprvd PeopleSoft Position#:	Budget Officer (Signature):	Date:	Comments:
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PART VI: HR USE ONLY

REQUISITION #

Inclass or Reclass approved %

Initials of HR Rep:

Reimbursed Moving Expenses (if applicable) Maximum amount authorized - \$	AD \$\$ Y N	Unit 8 POST Cert(s) (level):	Transfer of Credits from another State Agency: Vacation: Data Transfer Form Received <input type="checkbox"/>	Rep Initials of HR
Probationary Period		Permanency	MPP Job Cd:	Documented by:
Type ly N	Begin:	End:	Date Eligible:	Initials Date

REQUEST FOR GOODS & SERVICES (RGS)



DATA | PRINT | MAIL
PHONE: 800.882.1844
FAX: 805.981.1180
V3CORPORATION.COM

Carol Rodriguez
cell 805.207.0250
carol.rodriguez@v3corporation.com

April 16, 2010
Jim Graca
CALIFORNIA STATE UNIVERSITY CHANNEL
ISLANDS

Dear Jim Graca,

Thank you for the opportunity to provide you with the following estimate:

Estimate **51494-001**
Description **Poetry Book -- 72pg + Fly + Cover**
Specifications **500 Quantity**

11 x 5 finished / bound size

Cover & Text: 4-color process + overall _____ aqueous throughout - bleed
Fly sheet: Black / 1-side

Cover: 95# Topkote Gloss or Dull Cover
Text: 80# Topkote Gloss or Dull Book
Flysheet: 29# Curious Translucent Clear

Score cover & fly; fold, stitch and trim 72pg + fly + cover to final size
Stitch on the 5"

Carton pack

Art Supplied **Electronic File - Digital**
Proofs **Epson Proof**

Pricing

Quantity	Cost
500	\$ 4,446.00
1,000	\$ 5,140.00

Please sign upon approval and fax to: 805.981.1180

Sincerely,
Carol Rodriguez

Approved and Accepted

Signature

Date

PO#

Quotation valid for 30 days, subject to review/revision upon receipt of customer materials. All printing trade customs apply
Any alterations submitted after work begins shall result in additional charges.
Tax and shipping (if any) not included.