



**Instructionally Related Activities (IRA) Application**  
**2024-25 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 2024-25 Funding Request Instructions).***

Submit this **Cover Sheet** and your completed **IRA Request Form**, along with accompanying documents (*as needed*), electronically to Sianna Brito, [sbrito@sum.edu](mailto:sbrito@sum.edu) and Rick Robison, [rrobison@sum.edu](mailto:rrobison@sum.edu), by **Deadline: Friday, March 29, 2024.**

Awardees will be given *tentative* approval in the spring semester, but final approval is only after the finalization of the *24/25 budget* (typically in August).

Name of Program Activity: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Name of Sponsor, if different: \_\_\_\_\_

Location of IRA Activity \_\_\_\_\_ Date of IRA activity \_\_\_\_\_

Approval of Department Chair/ Supervisor:

\_\_\_\_\_  
 Name (please print) Signature

\_\_\_\_\_  
 Name and Approval of Dean (or VP if applicant is outside Academic Affairs):

Applicant Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

**TOTAL AMOUNT REQUESTED: \$** \_\_\_\_\_

***Do Not Write Below This Line***

***For Office Use Only***

Disposition of IRA Committee: Recommended: Amount: \$ \_\_\_\_\_ Not Recommended

Signature, IRA Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Provost**  Approved  Denied \_\_\_\_\_  
 Signature

**VPAF**  Approved  Denied \_\_\_\_\_  
 Signature



## 2024-25 IRA Application

*Please attach separate document if space is needed.*

### 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 or complete Excel spreadsheet.

Supplies	2024/25 Budget Request	Details
Office Supplies (provide details)		
Other Supplies (provide details)		
<b>Professional Services</b>		
Printing		
Advertising		
Other Professional Services (provide details)		
<b>Student Travel</b>		
Transportation		
Lodging		
Meals		
<b>Facility Rental</b>		
Off-campus Facilities (provide details)		
<b>Equipment</b>		
Equipment Purchase (provide details)		
Equipment Rental (provide details)		
<b>Other</b>		
Miscellaneous Expenses (provide details)		
<b>Total Expenses</b>	\$	
<b>Total Revenue*</b>	\$	
<b>Total Requested**</b>	\$	

\*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		
<b>Total non-IRA Travel Expenses</b>		

Source of faculty/staff travel funds: \_\_\_\_\_

**Authorizing official (Dean or VPSA):**

\_\_\_\_\_

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.