

# IRA 2019-2020:

## Existing Program Assessment and Funding Increase Application

---

1. Program Title

---

2. Program Trust Fund Number (RQXXX):

---

3. Contact information for individual submitting the application (Program Lead/Advisor)  
Name and Department

---

4. Email Address for individual submitting the application

---

5. Phone number for individual submitting the application (please utilize the following format:  
707-664-XXXX)

---

6. Department Chair/Director

---

7. Has your Department Chair reviewed and approved this program for continuation?

---

8. VP/Dean

---

9. Has your VP/Dean reviewed and approved this program for continuation?

---

10. What type of program request is this?

- Existing Program (no increase requested)
  - Existing Program (increase requested)
- 

11. Please briefly describe why you are requesting a funding increase. (Please limit response to 1500 characters.)

---

12. Please provide a summary of your most recent program assessment including (please limit response to 2500 characters):

- a. Show how the program was designed to be essential to a quality educational program and an important instructional experience for any student enrolled in the program;
  - b. How many students the program served; and
  - c. Detailed financial breakdown of awarded funds, including projected year-end balance for current fiscal year.
-

13. Please provide the full budget request, even if you are not requesting additional funding. (Must enter a number in each field. Please enter "0" where no funds are requested and please confirm that Total Amount Requesting is the sum of all categories.)

- Honoraria
- Speaker/Performer Fees
- Student Assistant Wages
- Travel (student only)
- Supplies
- Hospitality (can be no more than 25% of IRA Allocation)
- Printing/Copying
- Advertising/Publicity
- Events (space rental, etc.)
- Other (please specify)
- Total Amount Requesting (please verify total)