# **SVTI-Student Vital Techology Initiative - 2015** - 2016 Proposals

1. Coyote ID * This is the official California State University, San Bernardino identification number
2. First Name *
3. Last Name *
4. Phone Number * Enter a 10-digit phone number(123) 456-7890 or (123)456-7890 or 123-456-7890
5. CSUSB Email * (Example: coyotej@coyote.csusb.edu or jcoyote@csusb.edu)

6. Select from the following: *
C Campus Division
© Palm Desert Campus (PDC)
<ul> <li>Student Organization</li> </ul>
7. Division *
C Academic Affairs
C Administration and Finance
<ul> <li>Information Technology Services</li> </ul>
C Student Affairs
C University Advancement

#### Please provide college departmental affiliation or specific office in your Project Abstract.

#### 8. College/Department \*

Academic Personnel

Academic Programs

Academic Resources

Academic Scheduling

Center for International Studies and Programs

College of Arts and Letters

College of Business and Public Administration

College of Education

College of Extended Learning

College of Natural Sciences

College of Social Behavioral Sciences

Community-University Partnerships (CUP)

Graduate Studies & Assessment and Planning

Institutional Research

Office of Academic Research

Online & Distributed Learning

Pfau Library

Research and Sponsored Programs

**Undergraduate Studies** 

Water Resource Instituite



#### 9. Administration and Finance \*

Please provide college departmental affiliation or specific office in your Project Abstract.

Accounting

**Athletics** 

**Budget Office** 

Capital Planning, Design and Construction

**Commuter Services** 

Environmental Health & Safety

**Events Scheduling** 

**Facilities Services** 

Financial Operations

**Human Resources** 

**Printing Services** 

**Property Management** 

**Purchasing Office** 

Receiving/Mail Services

University Enterprises Corporation at CSUSB

**University Police** 

### 10. Information Technology Services \*

Please provide college departmental affiliation or specific office in your Project Abstract.

Academic Technologies & Innovation

Administrative Computing & Business Intelligence

Associate Vice President Office

Creative Media Services

Information Security & Emerging Technologies

Technology Operations & Customer Support

#### 11. Student Affairs \*

Please provide college departmental affiliation or specific office in your Project Abstract.

Admissions and Student Recruitment Associated Students, Inc. Career Development Center Children's Center Financial Aid Housing and Residential Life Judicial Affairs National Student Exchange Psychological Counseling Center Records, Registration and Evaluations Recreational Sports Services to Students with Disabilities Student Health Center Student Leadership & Development Student Union University Diversity Committee Veterans Success Center Workability IV

### **University Advancement - Departments**

12. University Advancement \*

Please provide college departmental affiliation or specific office in your Project Abstract.

Advancement Services
Alumni Development
Development
Special Events and Guests Services

## **Student Organization**

13. Student Organization Name \*

<b>Proposal</b>	Details
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14. Proposal Category * College specific proposals may address a specific discipline need or program. General proposals may focus on technology needs of the general student body.			
© College			
© General			
FY 2015			
15. Total Amount Requested for FY 2015 *			
Project Abstract			
16. Project Title *			
17. Project Abstract (250 words or less)			

18. Challenge(s) this project will address: *	
19. Alternate solution(s) should this project not be funded: *	
20. Impact(s) if this project is not funded: *	
21. Cost: \$\$ (One time or recurring)	

"F of in tir "S	offerings, approaches, or processes in your office increased student use of your services, increased ime for appointments, increased attendance at you	you expect to see as a result of changes to existing operation. Examples of these types of outcomes include: d student satisfaction with your services, reduced waiting
	Assessment Plan and Key Performance Please note Measure(s) 1 below will prov	Indicators (KPI) (Measurable/Verifiable) ide evidence for Outcome 1 above and so forth)
Droio	ect Timeline	
	Start Date (MM/DD/YYYY) *	Calendar
25.	End Date (MM/DD/YYYY) *	Calendar

CAULIPI	Quarter of Student Use * le: Spring 2015, Fall 2016)	
ject Co	ollaboration	
7. State	ements of support by collaborating organization(s	) or department(s) (if applicable)
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## **BUDGET DETAILS**

29. Export here the Excel file that contains the Budget information for your project. *		
Browse Choose File No file selected Upload		
Print Copy		
30. California State University, San Bernardino		
*I hereby certify:		
<ol> <li>I Understand that the project that I have proposed must be accessible to students with disabilities and comply with Section 508 and IT guidelines.</li> <li>I will participate in mandatory training for electronic &amp; information technology purchases and outcomes assessment reporting.</li> </ol>		
*		
□ Yes		