VITAL_EXPANDING_TECHNOLOGIES_INITIATIVE- 2018 - 2019

Contact Information

University Unit

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)

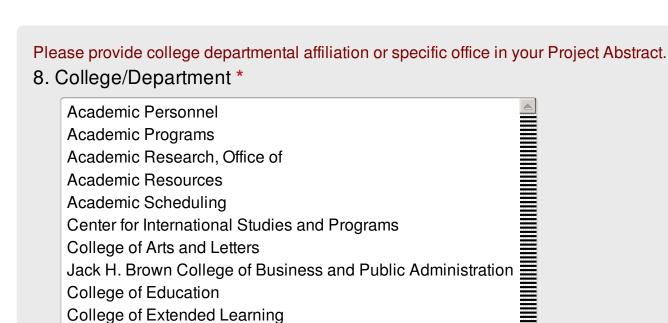
6. Select from the following: *
Campus Division
Palm Desert Campus (PDC)
Student Organization

Division

7. Division *

- C Academic Affairs
- Administration and Finance
- Information Technology Services
- Student Affairs
- University Advancement

Academic Affairs - Departments



Community-University Partnerships (CUP) Graduate Studies

Institutional Research

Online & Distributed Learning

College of Natural Sciences

John M. Pfau Library

Research and Sponsored Programs

College of Social Behavioral Sciences

Undergraduate Studies

Teaching Resource Center

Administration and Finance - Departments

9. Administration and Finance *

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

Accounting Services Accounts Payable **Auxiliary Financial Services Budget Office** Capital Planning, Design and Construction Environmental Health & Safety Facilities Planning & Management Human Resources Parking & Transportation Services Payroll **Printing Services Property Management Purchasing Office** Receiving/Mail Services University Enterprises Corporation at CSUSB **University Police**

Information Technology Services- Departments

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
Project Management & Assessment
Information Security & Emerging Technologies
Technology Operations & Customer Support

Student Affairs - Departments

11. Student Affairs *

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

Admissions and Student Recruitment Associated Students, Inc. **Athletics** 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.

Alumni Affairs
Campus News
Event Scheduling
Philanthropic Foundation
Office of Strategic Communication
University Development

Student Organization

13. Student Organization Name *
Proposal Details
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 2019
15. Total Amount Requested for FY 2019 *
Project Abstract
16. Project Title *

17. Project Abstract (250 words or less)
10. Challango (a) this project will address.
18. Challenge(s) this project will address:
19. Alternate solution(s) should this project not be funded: *
20. Import(a) if this project is not funded: *
20. Impact(s) if this project is not funded: *

21. Cost: \$\$ (One time or recurring) *
22. What are your intended Process Outcomes and/or Student Learning Outcomes?
"Process Outcomes" describe the improvements you expect to see as a result of changes to existing
offerings, approaches, or processes in your office operation. Examples of these types of outcomes include:
increased student use of your services, increased student satisfaction with your services, reduced waiting
time for appointments, increased attendance at your events, reduce error rates, etc.
"Student Learning Outcomes" describe the knowledge, skills, or behaviors that you intend for students to acquire as they interact with your program/office.

23. Assessment Plan and Key Performance Indicators (KPI) (Measurable/Verifiable)		
(Please note Measure(s) 1 below will provide evidence for Outcome 1		
above and so forth)		
24. In the spirit of transparency, we want to ensure students are aware of the various ways in which their Student Success Initiative fees are being used to support them at CSUSB. If awarded, how do you intend to publicize or make students aware of your project's SSI funding source?		
Project Timeline		
25. Start Date (MM/DD/YYYY) *		
26. End Date (MM/DD/YYYY) *		

27. First Quarter of Student (example: Spring 2016, Fall 2017)	Use *	
28. Matching funds or resou	rces allocated to project	
Source	Amount	
2		
3		
4		
5		
Project Collaboration		
29. Statements of support by collaborating organization(s) or department(s) (if applicable) Browse		
BUDGET DETAILS		
30. Export here the Excel fil project. *	e that contains the Budget information for your	

31. California State University, San Bernardino

*I hereby certify:

- 1. I understand that the project that I have proposed must be accessible to students with disabilities and comply with Section 508 and IT guidelines.
- 2. I will participate in mandatory training for electronic & information technology purchases and outcomes assessment reporting.
- 3. I have discussed the content of my proposal with my area Information Technology Consultant and have considered his/her feedback in my project and timeline.
- 4. I have shared my proposal with my Dean/Vice President and received an affirmative to move forward with submitting it to the VETI Committee for consideration.

*

☐ Yes