

Appendix A: CU Establishment Application

CU MINIMUM REQUIREMENTS

CU Proposed Name:

Name and Title of Person Completing this Form; Proposed Position with the CU:

Confirm that the proposed CU does not/will not confer degrees or offer for-credit academic degree instruction:

- The proposed CU *does not/will not* confer degrees or offer for-credit academic degree instruction
- The proposed CU *does/will* confer degrees or offer for-credit academic degree instruction

Confirm that the proposed CU does not/will not utilize state funds for private gain:

- The proposed CU *does not/will not* utilize state funds for private gain.
- The proposed CU *does/will* utilize state funds for private gain.

Confirm that the proposed CU complies or will comply with labor laws as well as any CSU-specific, state, or federal regulations:

- The proposed CU *does not/will not* comply with labor laws as well as any CSU-specific, state, or federal regulations.
- The proposed CU *does/will* comply with labor laws as well as any CSU-specific, state, or federal regulations.

College and/or University Unit location for the proposed CU:

- Academic Affairs
College or Unit: Please Specify
- Student Affairs
College or Unit: Please Specify
- Other: Please Specify

Complementary Unit (CU) Establishment Application

- 1. Describe how the proposed CU, as a formally recognized entity of Chico State while distinct from the University, will benefit the University:**
- 2. Provide the proposed CU's mission, goals, and objectives and explain how they will be assessed on an ongoing basis:**
- 3. Describe relevance of the proposed CU mission, goals, and objectives to those of the University and respective college or unit:**
- 4. Describe how the proposed CU will support the success of students, faculty, and staff:**
- 5. Describe how the proposed CU differs from other existing CUs and units at Chico State, and proposed relationships with them (if applicable):**
- 6. Provide an assessment of any actual or potential risks (e.g. financial, legal, social, physical, etc.) involved as well as a plan of how to manage such risks:**
- 7. Describe how the proposed CU will serve the campus community, its focus is not exclusively internal and may offer services to constituents beyond the campus community (e.g., individuals as well as private and public entities):**

CU MANAGEMENT PLAN

- 1. Describe the personnel needed and their responsibilities (including the name and qualifications of the proposed director):**
- 2. Describe the organizational structure, including the composition of the CU's Leadership Board:**
- 3. Provide estimated funding needed to initiate and sustain the proposed CU for seven years (year by year) and potential sources of funding during that period, indicating what portion of the funding is from state sources:**

Please note that this section is essentially a budget justification for the CU and should include the following Budget Cost Categories with their respective projected costs

Complementary Unit (CU) Establishment Application

Projected Budget (Annual Total, Year by Year for the First Seven Years):

Personnel (Position, Salary, and Fringe):

Travel (Conferences, Research, Advancement, etc.):

Program Materials:

Other Costs (Please Specify):

Funding Sources (grants, foundations, industry partners, state funding, etc. -- existing or planned):

- 4. Identify specifically what specific campus financial resources will be necessary to establish and maintain the CU. How much will be needed from these sources each year over the first seven years of CU establishment?**
- 5. Provide estimated space, facilities, and equipment needs and plans for meeting these needs:**
- 6. If relevant, provide information about the multi-disciplinary or multi-institutional nature of the proposed CU with regard to mission, leadership, activities, funding, or other aspects:**
- 7. Provide the proposed year-by-year, detailed timeline for establishing the CU:**
- 8. If a time-limited CU is proposed due to funding or programmatic reasons (i.e., an CU established only for the duration of certain external funding period or for a specific project outcome), provide an estimated end date for the CU:**

Name and Title of the Person Completing this Form:

Signature:

Date:

Name and Title of Proposed CU Director (if applicable):

Signature:

Date:

Name and Title of Responsible Administrator:

Signature:

Date: