Ancillary Unit Annual Report

Deadline: October 30, 2020

This report is required by <u>FAM 105.4 (FSD 87-17.R6) -- POLICY GUIDELINES FOR</u> <u>THE FORMATION AND REVIEW OF INSTITUTES AND CENTERS</u>. The report is due by October 30th this year. **Please make sure to sign and forward scanned signed copies of the report. Thank you.

| | Basic Information |
|-----------------------|---|
| Ancillary Unit's name | The Research Institute for Public Management and |
| | Governance |
| Director(s) | Director: Dr. Alexandru V. Roman |
| | Associate Director: Dr. Ann Johnson |
| | Associate Director: Dr. Thomas McWeeney |
| Administrator to | Dean Dr. Lawrence Rose |
| whom the unit reports | |
| Purpose and current | The Research Institute for Public Management and |
| goals (as approved by | Governance (RIPMG) at California State University, San |
| Faculty Senate) | Bernardino will bridge public administration theory and |
| | practice. RIPMG will provide the setting within which |
| | students and scholars can explore their ideas on improving |
| | governance and democratic habits. The Institute will also |
| | connect academic research and experiences to the needs of the |
| | community and public service. |

| Adviso | ry Board |
|-----------------------|-----------------------|
| Member | Affiliation |
| Dr. Francisca Beer | CSUSB |
| Dr. Jonathan Anderson | CSUSB |
| Dr. Craig Seal | CSUSB |
| Dr. Khi Thai | FAU (retired) |
| Mr. Gary McBride | San Bernardino County |

| Activities during previous academic year (2019 -2020) | | | | |
|---|-------------|----------------------------|--|--|
| Activity (please describe) | Funds spent | Goal advanced (and extent) | | |
| San Bernardino County Training | \$0 | Cancelled | | |
| Spring 2020 Conference | \$0 | Cancelled | | |
| Fall 2020 Conference | \$0 | Cancelled | | |

| nal funds Curre | | xternal funds |
|-----------------------|-----------------|---------------------|
| Curre | | ATTA ATTA A TTA STO |
| r academic (projec | c year academic | |
| \$0 | \$0 | \$0 |
| \$0 | \$0 | \$0 |
| \$0 | \$0 | \$0 |
| \$0 | \$0 | \$0 |
| \$0 | \$0 | \$0 |
| \$0 | \$0 | \$0 |
| | \$0 | |

Please also describe planned activities for the current academic year: Unfortunately, due to COVID-19 – all of our planned events for Spring and Fall 2020 have been canceled. We are currently looking to develop an online presence/event lineup.

mor

 Director Signature
 (Co-)Director Signature

 Unit Reporting Person recommendation

 Name and title:

 X
 Keep on active status.

 Move to probationary status.

 Move to inactive status.

 Recommendations and comments including the criteria and data reviewed. Please

 attach additional page(s) as necessary: I understand that Dr. Roman is working to move events to a virtual format and it will take some time to do so. I support the continuation of this center as it was making significant impact before the COVID-19 virus required cancellation of face-to-face activities.

Unit Reporting Person Signature

Date

STOP FORWARD A SCANNED COPY OF THIS REPORT TO phyllis.meadows@csusb.edu AND SEND THE ORIGINAL COPY TO THE FACULTY SENATE AD-155. THE SENATE OFFICE WILL TAKE CARE OF THE REMAINING PORTIONS OF THE REPORT. THANK YOU.

| Edı | ucational Policy and Resources Committee recommendation (Only after 3 or 5 |
|-----|--|
| | year review) |
| | Keep on active status. |
| | Move to probationary status. |
| | Move to inactive status. |

Recommendations and comments including the criteria and data reviewed. Please attach additional page(s) as necessary:

| EPRC Chair Signature | Date | |
|---|--|--|
| Provost recommendation (Only after 3 or 5 year review) | | |
| Keep on active status. | | |
| Move to probationary status. | | |
| Move to inactive status. | | |
| Recommendations and comments includ attach additional page(s) as necessary: | ing the criteria and data reviewed. Please | |

| President decision (Only af | ton 2 on 5 year namiow) | |
|---|--|--|
| | President decision (Only after 3 or 5 year review) | |
| Keep on active status. | | |
| Move to probationary status. | | |
| Move to inactive status. | | |
| Recommendations and comments including th attach additional page(s) as necessary: | e criteria and data reviewed. Please | |

President Signature

Date