# Application for CSULB

# MINI-GRANT/SUMMER STIPEND (MGSS) Awards

1. NAME:

2. DEPARTMENT:

3. ACADEMIC RANK (Check one):

|  |  |
| --- | --- |
| Part-Time Lecturer \_\_\_\_\_ | Professor \_\_\_\_\_ |
| Full-Time Lecturer \_\_\_\_\_ | Librarian \_\_\_\_\_ |
| Assistant Professor \_\_\_\_\_ | Counselor \_\_\_\_\_ |
| Associate Professor \_\_\_\_\_ | Coach \_\_\_\_\_\_ |

4. APPOINTMENT STATUS (Check one):

|  |  |  |
| --- | --- | --- |
| Tenured **\_\_\_\_\_** | |  |
| Probationary **\_\_\_\_\_** | |  |
| Not Tenure Track **\_\_\_\_\_** | |  |
| FERP **\_\_\_\_\_** | Semester in residence: Fall **\_\_\_\_** Spring **\_\_\_\_** Both **\_\_\_\_** | |

5. TIME BASE: **\_\_\_\_\_** 9 months **\_\_\_\_\_** 12 months

6. HIRE DATE AT CSULB (For Tenure-Track Only) (mm/yr):

7. AWARD TYPE (Check One): (See Eligibility on application instructions)

Mini-Grant **\_\_\_\_**

Summer Stipend **\_\_\_\_**

9. TITLE OF APPLICATION: ­­­­­­­­­­­

## TEXT OF PROPOSAL

Please describe the proposed research, scholarship or creative activity. The text of the proposal must be prepared using 12 point type and 1 inch margins and **may not exceed two pages in length**. **Please use the headings below in organizing your proposal content.**

**●** Significance of the research, scholarship, or creative activity (10 points)

● Extent to which the methodology is appropriate to the stated purpose (10 points)

● Likelihood that the work proposed will be completed within the timeline (5 points)

● Extent to which the project will promote the faculty member’s scholarly or creative development, direction, or purpose (5 points)

● Probability that the project will lead to peer-reviewed publication, exhibitions, or external grant proposals (10 points)

● Extent to which the project benefits the university mission, including racial equity priority (15 points)

## BUDGET PAGE (Must Be Completed for Mini-Grant Only)

Please answer all questions relating to a budget item. Failure to do so may result in no funding for that area. Assign a different priority to each category of resource. (1 = most important; 3 = least important). Indicate your priority for each item in the box and the total dollar amount for that item on the line.

|  |  |
| --- | --- |
| Rank | Description |
| \_\_\_\_\_ | Student Assistance. Total number of hours: \_\_\_\_\_\_. Describe proposed use,  Tasks:  Indicate the total dollar amount you wish to spend on student assistance and the anticipated hourly rate: $\_\_\_\_\_\_\_ (NOTE: Contact your College ASM for help in estimating hourly rate if necessary) |
| \_\_\_\_\_ | Travel. Travel funds are not provided for attendance at professional meetings. Only travel essential for the conduct of a scholarly or creative project will be funded. **Travel must be completed before the end of the next academic year. Student travel cannot be supported by MGSS travel funds**.  Purpose of Travel:  Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_  Days involved: \_\_\_\_\_  Total Amount for Travel: $\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ | Equipment, Supplies and Services (Please provide specific descriptions and justifications):  Equipment:  Supplies:  Services:  Other:  Total Dollar Amount for Equipment, Supplies and Services: $\_\_\_\_\_\_\_\_ |

TOTAL FOR ALL CATEGORIES: $\_\_\_\_\_\_\_\_\_

**THE RATING FOR THIS PROPOSAL IS: \_\_\_\_\_\_\_\_** **POINTS**

Comments:

Signature of College MGSS Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**COLLEGE DEAN EVALUATION**: Please indicate extent of agreement with Committee rating and evaluation.

Comments:

Signature of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_