

**California State University, Dominguez Hills
Emeritus Faculty Association
Faculty Legacy Fund
Application for funding for the 2024-2025 Academic Year**

Name _____ Email _____ Campus Extension _____
Faculty Rank _____ Department _____ Tenured? Yes No
Department Chair _____ Department Chair email _____
College Dean _____ College Dean email _____
Project Title _____ Project Start Date _____

Attach the following to this application:

- **Project abstract (100 words or less)**
- **Full description of the activities to be undertaken (500 words or less)**
- **Expected outcomes (250 words or less)** (Address how this project benefits the applicant as a faculty member, our students, the University, etc.)

- *NOTE: If human subjects are to be used in this project, Institutional Review Board approval is required before funds will be released.*
- If you have any **questions**, please email them to jwilkins@csudh.edu.
- Remember that application readers are not experts in your field, make it readable for anyone.

Other information to be provided:

Budget. Complete the attached budget sheet.

Vita. No more than two pages including information and publications supporting the applicant's qualifications in the area of the proposed project.

I understand I will be required to submit a written project report detailing the outcomes of the project, plans for future related projects and any presentations of results to professional organizations by the end of the grant academic period. At any presentations of these results, the support of the CSUDH Emeritus Faculty Association will be acknowledged.

Signature of Applicant _____ Date _____

Dean Certification: I have reviewed and I approve the project as submitted:

Signature of Dean _____ Date _____

**Submissions should be merged into a single pdf and delivered by email with
"Faculty Legacy" in the subject line
to jwilkins@csudh.edu by the submission deadline.
Please name the file with FLF_2024_yourlastname
Submission deadline is 5:00 pm, Monday, February 12, 2024**

CSUDH Emeritus Faculty Association
Faculty Legacy Fund
Project Budget (Total Amount not to exceed \$6,000)

<u>CATEGORY</u>	<u>AMOUNT REQUESTED</u>	<u>EACH CATEGORY REQUIRES A DETAILED EXPLANATION</u> (use Additional Comments section below if needed)
Faculty Salary (Summer Pay only)	\$ _____	_____
Student Assistant Salaries	\$ _____	_____
Add 15% of salaries for student assistant and/or faculty taxes and benefits	\$ _____	_____
Printing	\$ _____	_____
Supplies/Services	\$ _____	_____
Other (Specify) _____	\$ _____	_____
Grand Total	\$ _____ (Not to exceed \$6,000)	

Note: No funds will be awarded for travel, registration and/or fees for conference attendance

List any other sources of funding which are (or will be) available to support this project:

	Source of Funding
\$ _____	_____
\$ _____	_____
\$ _____	_____

Additional comments on the budget: