

## **Application for Supplement Funding**

Deadline: On going through June 30, 2024 (Pending availability of funds)

HERE Center researchers and affiliates are invited to apply for funding to supplement an existing fundedresearch project. These funds are provided by the HERE Center and must follow guidelines as specified in this application.

- Request for funds cannot exceed more than \$1500 per academic year.
- Faculty may apply for these funds once per academic year.
- Only faculty with current, existing funded research may apply. Existing funding mechanisms can be external grants (NSF, NIH, Foundation, etc.) or internal grant (Campus Quality Fee, etc.).
- If applicable, applicants should describe how their project involves students, such as through mentorship, research opportunities, or learning experiences.
- Applicants should outline how their project addresses health equity issues or contributes to the
  promotion of health equity within their research area. Additionally, applicants should provide a concise
  statement highlighting the alignment of their project with the Center's goals.

| Name:                                   |         |
|---|---------|
| Department:                             |         |
| Phone:                                  | E-mail: |
| Project Description (500 words or less) |         |

Justification of Need: In the space provided below, please describe how the funds will be used and why this supplemental funding relates to the project's needs. (250 words or less)

| How much are you requesting: \$ Please provide an itemized budget for the |                                    | dget for the funds below.  |
|---|------------------------------------|----------------------------|
| Description   |                                    | Dollar (\$) Amount         |
|   |                                    |                            |
|   |                                    |                            |
|   |                                    |                            |
|   |                                    |                            |
|   |                                    |                            |
|   |                                    |                            |
|   | Total                              |                            |
| Department Chair  |                                    |                            |
| I understand that the person named above will receive the HERE Center.    | ve support for their existing rese | arch grant to be issued by |
| Signature of Chair  | <br>Date                           |                            |
|   |                                    |                            |

Please submit this completed form to Amber Bui at the HERE Center (amber.bui@csun.edu).

Note that you will be asked to submit a final report to be included in the HERE Center's annual report to be reviewed by the Office of the Provost.