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|  | **Office of Community Engagement**  University Hall, Room 280 |

**Office of Community Engagement**

**AY 2020-21 Faculty Engaged Research or Creative Project Grant Application**

***up to $1500 for performing engaged research or creative activity***

**Grant Application Due: March 23, 2020 by 11:59 PM to:**  [Researc.gfre0zqgzsgady68@u.box.com](mailto:Researc.gfre0zqgzsgady68@u.box.com)

*Email* [*communityengagement@csun.edu*](mailto:communityengagement@csun.edu) *with any questions.*

For a full description of the grants and the responsibilities attached to them, please visit <https://www.csun.edu/undergraduate-studies/community-engagement/grant-opportunities>

**NOTE: Files should be saved as Word or PDF documents and named GRANTNAME\_Lastname\_Firstname**

**For instance: RCA2021\_Smith\_Jane.docx**

**Proposed budget files should be saved as Excel or PDF documents and named GRANTNAME Lastname Firstname Budget**

**For instance: RCA2021\_Smith\_Jane\_Budget.xlxs**

*(double-click for drop down menus in College and Rank)*

**Your Name:**      **Your email address:**

**Faculty ID:**       **Your extension:**

**College:** **Dean:**

**Department:**      **Department Chair:**

**Chair’s Email:**      **Department Mail Drop Code:**

**Rank:**

**Type of Request**:

**Faculty Engaged Research or Creative Activity Grant (up to $1,500)**

I am willing to receive partial funding, if necessary.

I would like a student assistant (see budget worksheet for details).

I am applying with one or more other faculty members and have included that information in my application narrative.

**Course or Project Title you commit to teaching if you receive this grant (e.g. COMS 491 or “Public Speaking in Middle School Classrooms: A Social Justice Perspective”)**

**Term you will perform this research or creative activity:**

Fall 2020

Spring 2021

Both

**Future class(es) this grant would benefit (e.g. COMS 251, COMS 495, COMS 525):**

**Community Partner Name:**

*Note: your community partner must be identified no later than June 15, 2020 for courses taught in Fall 2020, November 15, 2020 for courses taught in Spring 2021. For a list of our partners, visit* [*https://app.calstates4.com/csun/sites*](https://app.calstates4.com/csun/sites)*.*

**Have you ever received funding from the Office of Community Engagement Before?**

**If you received OCE funding, list the semesters?**

**If needed, have you received CSUN IRB approval (write N/A if not necessary)?**

**Do you have other sources of funding for this project, including travel funding? If so, please list:**

**Narrative**

1. Project Description (500 word max)
2. Project Goals (500 word max)
3. Project Timeline
4. Potential for Student/Community Benefit (500 word max)
5. Please provide a 200 word summary of your course or project (to be used for publicity purposes if granted the award.)
6. If you do not have a community partner, please consult the S4 database and list some potential partners, or list your own. *Note that all partners must be approved by CSUN before any activities happen on their site.*

**Detailed Budget (1 page maximum)**

Please download and fill out the following form:

<https://mycsun.box.com/shared/static/ov5127cztvlk3dj193jpupplxbeld5jp.xlsx>

**Curriculum Vitae (2 pages maximum)**

Copy and paste here or combine below the document as part of a PDF.

**Faculty agree to the following:**

I understand that if I am awarded this grant, I will attend a I will attend a Community Engagement Faculty Institute workshop. (Date TBA)

I understand that if I am awarded this grant, I will be expected to utilize the Service-Learning Database (S4) and all designated Community Engagement forms when teaching my community-based learning/service-learning course above.

I understand that this award is taxable and that all money for materials will be transferred to my department/program.

I understand that I will have to complete a final or mid-year report that must be submitted before I receive my faculty stipend.

In lieu of an electronic signature, I check this box to certify that all of the above information is true and agreed upon.

**Department Chair Approval**

Name: Date:

Signature: