

# Faculty Development & Activities Funding Application



## A. Applicant Information

|   |                        |
|---|------------------------|
| Name(s)   | Date submitted         |
| Telephone   | Department             |
| CSUM Email  | Dates(s) of activity   |
| Classification (Tenure/Tenure Track, Lecturer, Coach) | Total amount requested |

## B. Brief description of proposed faculty development activity:

## C. Detailed budget of expenses, including additional funding sources if applicable (attach spreadsheet).

## D. Select fund(s) below.

You may select multiple funds or consult with Library & Learning Services Dean for assistance in selecting appropriate fund.

NB: Review process and deadlines vary by fund. Check full fund descriptions for details.

|   |
|---|
| <input type="checkbox"/> <a href="#">Department Faculty Development Fund</a><br>No supplementary requirements.  |
| <input type="checkbox"/> <a href="#">Academy-Wide Faculty Development Fund</a> Attach the following supplementary information: <ol style="list-style-type: none"> <li>Detailed description of activity, including a) whether faculty member is presenting work or simply attending an event; and b) if a proposal has been accepted, or the date when an acceptance decision is expected.</li> <li>How missed classes, labs, and other responsibilities will be addressed</li> <li>Written recommendation from the applicant's department chair.</li> </ol> |
| <input type="checkbox"/> <a href="#">Class of 1965 Memorial Endowment</a> Attach the following supplementary information: <ol style="list-style-type: none"> <li>Detailed description of activity, including a) whether faculty member is presenting work or simply attending an event; and b) if a proposal has been accepted, or the date when an acceptance decision is expected.</li> </ol>   |
| <input type="checkbox"/> <a href="#">President's Mission Achievement Grant</a> Attach the following supplementary information: <ol style="list-style-type: none"> <li>Detailed description of project, including how project will advance one or more of the strategic objectives/goals; timeline of activity for the entire project; and assessment plan for effectiveness and impact.</li> <li>Current CV of each applicant.</li> <li>Written recommendation from applicant's dean or appropriate administrator</li> </ol>                                |

Submit applications to Sianna Brito, Academic Support Coordinator, ([sbrito@csum.edu](mailto:sbrito@csum.edu)) prior to date of proposed activity.

**Electronic submission encouraged.** Reminder: Solicit required signature and recommendation letters well in advance of deadline.

Signature \_\_\_\_\_  
Applicant

Name & Date \_\_\_\_\_  
Applicant (print)

Signature \_\_\_\_\_  
Dept. Chair or appropriate administrator

Name & Date \_\_\_\_\_  
Approver (print)