# CHER Institute Champions Application

# INSERT CURRICULUM VITAE

***For applicants who attended the CHER Institute 2017-2022*** *please insert a current CV and highlight publications and grants received after attending the CHER Institute. Please make sure the following items are included.* ***For applicants who attended the CHER Institute 2023 or later*** *please insert your CV from your application with the addition of the following items.*

### RESEARCH AWARDS AND GRANTS POST CHER INSTITUTE

#### Funded

#### Submitted and Awaiting Decision

#### Submitted and Not Funded

## PEER REVIEWED PUBLICATIONS POST CHER INSTITUTE

#### Published

#### Submitted and Awaiting Decision

#### Submitted and Rejected or Under Revision

# Contact Information

|  |  |
| --- | --- |
| Legal name |  |
| Preferred name |  |
| Preferred email |  |
| Alternative email |  |
| Cell phone number |  |
| Ok to receive texts? |  |
| Alternative phone number |  |
| Mailing address |  |
| Resident address |  |

# Summary of Eligibility

|  |  |
| --- | --- |
| Current Institution |  |
| Current position and title |  |
| Type of MSI |  |
| Year of CHER Institute participation |  |
| Name of CHER Institute mentor |  |
| History of NIH funding (list all NIH grants you have received and dates) |  |
| Title or subject of proposed grant |  |
| Does this proposed project build on the work you did at the CHER Institute? |  |
| Type of funding mechanism |  |
| Please list if there is a specific funding announcement you plan to apply for and the submission deadline |  |
| Are you currently participating in any other formal mentoring programs? Please list. |  |
| Contact information for department, school or college (Person who has authorized your participation) |  |
| Names of persons submitting recommendation letters |  |
|  |  |

# Demographic Information

*Used for the research component of the program, as required by the NIH, funder of the program*. Delete what doesn’t apply to you, as well as the descriptions, in the left column.

|  |  |
| --- | --- |
| Gender | Man/Male, Woman/Female, Non-binary/Gender Fluid |
| Ethnicity | Are you Hispanic or Latino? **Yes/No/Decline to Answer** |
| Race  (you may select more than one) | **Asian American Indian or Alaska Native;** **Black or African American; Native Hawaiian or other Pacific Islander; White; or Decline to Answer** or defer to answer until after application processed.  **Other**: Please Specify |
| Disadvantaged background | **Yes/No/Decline to Answer**  NIH also requires us to ask for demographic information regarding "disadvantaged background" defined as "individuals who come from a family with an annual income below established low-income thresholds and/or who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career."  Do you consider yourself to come from a disadvantaged background? |
| Disability status | **Yes/No/Decline to Answer**  NIH also requires us to ask for demographic information regarding "disability status,” defined as “having a physical or mental impairment that substantially limits one or more major life activities.” Do you consider yourself to have a disability that matches the NIH definition? |
| Need for Accommodation | The CHER Institute is committed to providing access to all participants. Please list any accommodations you might need such as closed captioning, alternative text, or other. |

# Mentor Preference

*Instructions: List the names of the three mentors you would choose to work with in order of preference.* *Verify that at least one of your choices is on confirmed available list on the CHER Website/CHER Institute/Apply (Tab)/Scroll to Champions/open Application and Information for CHER Champions. Please provide a bit of information about why you would like to work with each mentor.*

## 1st Choice Mentor

## 2nd Choice Mentor

## 3rd Choice Mentor

# Research Work Plan

*Instructions: Check the current status of each component of your proposal. Add additional components as appropriate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Final Draft is Completed** | **Partially completed** | **Started** | **Not started** |
| Specific Aims |  |  |  |  |
| Research Plan |  |  |  |  |
| Significance |  |  |  |  |
| Preliminary Data |  |  |  |  |
| Innovation |  |  |  |  |
| Approach |  |  |  |  |
| Analysis |  |  |  |  |
| Environment |  |  |  |  |
| Budget/budget justification |  |  |  |  |
| Contractual arrangements (if applicable) |  |  |  |  |
| Facilities / other resources |  |  |  |  |
| Protection of human subjects |  |  |  |  |
| Resource sharing plan |  |  |  |  |
| Project summary |  |  |  |  |
| Project narrative |  |  |  |  |

# Request for CHER Institute Champion Support

*Instructions: Use the following table to structure your budget. Delete items that do not apply to your proposal, add additional lines as needed. Please note allowable costs are limited to the following: course buyout or additional salary for protected time to conduct research; preliminary data collection expenses, and/or student research assistant. Note total costs may not exceed $15,000.*

|  |  |  |
| --- | --- | --- |
| **Allowable Costs** | **Cost per unit** | **Overall Cost\*\*** |
| Replacement cost for release time (lecturer replacement cost is ideal) or Additional salary |  |  |
| Student Research Assistant |  |  |
| Preliminary Data Expenses (*please itemize below*) |  |  |
|  |  |  |
|  |  |  |
| Other |  |  |
| **Total** |  |  |

\*Cost per unit may be WTU, hour, item, etc. Please denote the unit of measure for the cost.

\*\*Overall Costs should be the full cost of this item for the length of the Champions program or the Spring Term.

# Template for Letter of Support from University Representative

*Instructions: The letter of support should come from the appropriate administrator (department, school, college, or university) that can authorize release time or other items included in the budget. The letter should be submitted separately from the application.*

[Date , 2023]

Dr. Laura D’Anna

Director, CHER Institute

Center for Health Equity Research

California State University, Long Beach

1250 Bellflower Blvd., FO5-120

Long Beach, CA 90840

Dear Dr. D’Anna:

I support [Name of Champion Applicant] in the application to be a CHER Institute II Champion. If they are selected as a Champion, they will be given [*release time or additional pay in Spring 2024 for number of units/courses at full or lecturer (indicate one) replacement cost or describe the any other provision that has been agreed to for the funds for the Champion’s*]. I also have the authority to assure that the CHER Champion will have the protected time to work on their proposal and that this release time will not be accompanied by extra service.

Sincerely,

[Enter name, title, and signature]

[Contact Information]