# 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.*

### 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 |  |
|  |  |

# Mentor Preference

*Instructions: List the names of the three mentors you would choose to work with in order of preference. 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) orAdditional 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]