

COLLEGE OFARTS AND ETTERS RESEARCH BUBSIDY

FacultyMember's Name:_____

Faculty Member's Department:

Faculty Member's Rank: _____

Project Title: _____

Date that Last Previous Research Subsidy Was ReceiveNd/(A"): _____

Purpose of Subsidy (No More Than & ords):

Total Cost of Projects

Amount Sought: \$_____

Additional Sources of Funding for Project

Faculty StartUp Funds \$_____

Faculty Discretionary Funds: \$_____

Departmental Fund

Other

Source: _____

Amount: \$_____

Date

Date

 This form, the project narra ve, and the condensed CV should be sent as one file to the Associate Dean for Research, Graduate Studies, and Faculty A airs. The PDF should be named using the format CALRS_Fiscal Year_Last Name_First Name, e.g., CALRS_24_Delbrugge_Laura. (Remember that fiscal years run from July 1st to June 30th and that FY24 is the fiscal year that *ends* in 2024.)