APPLICATION COVER SHEET

Instructions: Complete this four page Application cover sheet and include the additional attachments as described in the <u>Hellman Application and Review Process</u> document. Completed Hellman packets should be routed using the Due Dates table at the bottom of this page. Electronic Signatures are accepted.

<u>Please note:</u> faculty who are eligible will be notified and sent an invitation to apply by the central Academic Personnel Office. If you were not sent an invitation and you believe you are eligible, please contact the central Academic Personnel Office at apwebmaster@ucr.edu. You must receive an invitation in order to apply.

SUMMARY INF	<u>DRMATION</u>		
Faculty Applica	nt:		
Department:			
Title of Proposa	al:		
Proposed Budo	et Amount:		
<u>SIGNATURES</u>			
Department Ch	air:	Date:	
Dean:		Date:	
PROPOSAL CHI	ECK LIST		
Applic	ation From		
CV including a current bibliography of your published work			
Project Description (Four pages maximum refer to Application Process, #1.b)			
☐ Budget Page (Refer to Application Process, #1.c)			
☐ Department Chair's Statement of Support (Refer to Application Process, #2)			

DUE DATES - Completed Hellman Applications must be received in the APO office by Wednesday, April 24, 2019.

Date	Who	Action
Friday, April 12, 2019		Submits electronic application to Department Chair and Academic
		Personnel (apwebmaster@ucr.edu) by this date.
Friday, April 19, 2019		Reviews application, attaches one page statement of support, signs cover sheet and forwards to Dean's Office and Academic Personal (apwebmaster@ucr.edu) by this date.
Wednesday, April 24, 2019	Dean	Reviews application, attaches signature, and electronically submits to VP for Academic Personnel via (apwebmaster@ucr.edu) by this date.
Monday, April 29, 2019	VPAP	Refers applications to Hellman Review Panel.
Monday, June 10, 2019	VPAP	2019-2020 Hellman Fellowships announced.
Monday, July 1, 2019	Hellman Fellows	Hellman Fellowship begins.

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GENERAL INFORMATION

Faculty Applicant:						
Campus Address:						
Email Address:						
Phone:						
Department:						
School/College:						
Current Rank/Step						
UCR Hire Date:						
Rank and Step at time	of initial appointment					
Prior Institution as an A	Prior Institution as an Assistant Professor, if any and dates of service					
CERTIFICATION						
	ure below that I will NOT be applying for tenu	re in 2019-2020.				
Applicant Signature:		Date:				

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APPLICATION FORM

FUNDING

List all funding (i.e. grants, fellowships, etc.) that has supported your research/creative activity at UC Riverside, including both internal and external sources. For each award, provide the following information: Full Title of Project; Funding Source; Amount; Start Date/Duration; Select if PI or Co PI.

1.	3.
PI: Co PI:	PI:
Title of Project:	Title of Project:
Amount: Funding Source:	Amount: Funding Source:
Start Date/Duration	Start Date/Duration
2.	4.
Pl:	PI: Co PI:
Title of Project:	Title of Project:
Amount: Funding Source:	Amount: Funding Source:
Start Date/Duration	Start Date/Duration
List any grants or fellowships for which you have applied f award, provide the following information: Full Title of Project; F Co Pl.	
1.	3.
PI: Co PI:	PI:
Title of Project:	Title of Project:
Amount: Funding Source:	Amount: Funding Source:
Start Date/Duration	Start Date/Duration
2.	4.
Pl: Co Pl:	PI:
Title of Project:	Title of Project:
Amount: Funding Source:	Amount: Funding Source:
Start Date/Duration	Start Date/Duration

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List any non-monetary awards/commendations/recognition you have received for your research: 1: 2: 3: List all proposals that have been submitted but not awarded since appointment at UCR. For each proposal, provide the following information: Full Title of Project; Funding Source; Amount; Start Date/Duration; Select if PI or Co PI. 1. 4. PI: Co PI: PI: Co PI: Title of Project: Title of Project: Amount: Funding Source: Amount: **Funding Source:** Start Date/Duration Start Date/Duration 2. 5. PI: Co PI: PI: Co PI: Title of Project: Title of Project: Funding Source: Funding Source: Amount: Amount: Start Date/Duration Start Date/Duration 3. 6. Co PI: PI: Co PI: PI: Title of Project: Title of Project: Amount: Funding Source: Amount: Funding Source: Start Date/Duration Start Date/Duration

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APPLICATION FORM

<u>title</u>
Title of Research Proposal:
<u>ABSTRACT</u>
Describe (200 word limit) the research of proposal, its importance/relevance, and the amount of funding requested.

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