SONOMA STATE UNIVERSITY **Office of Research & Sponsored Programs**

New Centers & Institutes Proposal Application (For open-ended questions, please attach extra pages as necessary)

DIRECTOR/LEAD CONTACT RESPONSIBLE FOR THE CENTER/INSTITUTE'S OPERATIONS					
Last Name	First		M.I.	Date	
Department	·	Titl	2		
Ext.	Alt. Phone	· · ·	Email		
CENTER/INSTITUTE INFORMATION					
Name	Date of Formation				
Current Formal Charter? YES NO	If no, was it chartered in the past? YES 🔲 NO 🗌				
What is the purpose and planned activities of this Center/Institute?					
How does the Center/Institute's activity support the mission of SSU?					
What is the involvement of faculty, staff and students and how will they be selected? Does the Center/Institute have an advisory or governing board? YES NO If yes please attach list of members.					
Does the Center/Institute have a physical space dedicated to it specifically? (i.e. not assigned faculty office space) YES NO					
If yes, where is it located? On Campus	Off Campus	Building #/Address			
If on campus, does the Center/Institute reimburse the university for any costs associated with its space occupancy? YES NO					
Does the Center/Institute employ its own staff? YES NO					
What kind of funding or other support will the Center/Institute receive? Centers & Institutes are to be self supported without additional funding from the campus unless approved in advance.					
Who manages the money received from external s	ources? Name		Email		
Fund Number: Name of Fund:					
SIGNATURE OF CENTER/INSTITUTE DIRECTOR					
Print Name					
Signature	gnature Date				
**Please return to Arcelia Sandoval, Compliance Officer, ORSP by email arcelia.sandoval@sonoma.edu **					