

Grant Title:

Faculty Member:

A Number:

Academic Title:

Department:

E-mail:

Phone #:

Project Collaborators and their  
department or affiliation:  
(if applicable)

Project Duration:      12 months      18 months      24 months

Funds Requested:

Total Value of Match:

Total Cost for Project:

Source of Matching Funds:

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Faculty Member Signature

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Department Head Signature