Chancellor’s Seed Grant Program, 2017-18

Application Cover Page

Title:Click here to enter Title of Initiative

Principal Investigator: Click here to enter text.

Contact Email: Click here to enter text.

Co-Investigator(s): Click here to enter text.

Collaborating Organizations: Click here to enter text.

Amount Requested: *Total seed grant amount*

New or continuation of previously funded proposal:  ☐ New ☐ Continuation

Dean or Unit Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Unit Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_