

INSTITUTE FOR CREATIVITY, ARTS, AND TECHNOLOGY  
SEAD Grant Cover Sheet for FY 18

**Title of Proposal:** \_\_\_\_\_

**Names of Lead Investigators (please type/print and sign):**

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NAME (CONTACT PI)	DEPT.	EMAIL	SIGN	DATE
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NAME	DEPT.	EMAIL	SIGN	DATE
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NAME	DEPT.	EMAIL	SIGN	DATE
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NAME	DEPT.	EMAIL	SIGN	DATE
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NAME	DEPT.	EMAIL	SIGN	DATE
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**Department Head/Chair or Center Director Approval:**

By signing, I confirm that I support the faculty member's application and any associated requirements for my department or center:

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NAME	DEPT.	EMAIL	SIGN	DATE
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NAME	DEPT.	EMAIL	SIGN	DATE
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**Please indicate the grant you are applying for:**

\_\_\_\_\_ Open Call for SEAD Mini Grants (\$3,000)

\_\_\_\_\_ Student SEAD Grants (\$500)

PK12 SEAD Mini Grant (\$3,000)