



MINI SEAD Grant

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

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

| Name (Contact PI) | Department | Email | Date |
|-------------------|------------|-------|------|
|-------------------|------------|-------|------|

| Name | Department | Email | Date |
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| Name | Department | Email | Date |
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| Name | Department | Email | 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:

| Name | Department | Email | Date |
|------|------------|-------|------|
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| Name | Department | Email | Date |
|------|------------|-------|------|
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| Name | Department | Email | Date |
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| Name | Department | Email | Date |
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| Name | Department | Email | Date |
|------|------------|-------|------|
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Mini SEAD Grant (up to \$6,000)

Fall 2023

Spring 2024