SEAD Grant

Title of Proposal: _____

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

_____
Name (Contact PI)   Department   Email   Date

_____
Name   Department   Email   Date

_____
Name   Department   Email   Date

_____
Name   Department   Email   Date

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

_____
Name   Department   Email   Date

_____
Name   Department   Email   Date

_____
Name   Department   Email   Date

_____
Name   Department   Email   Date

Please indicate the grant you are applying for:

☐ Mini SEAD Grant (up to $6,000)

☐ Fall 2022   ☐ Spring 2023

☐ Jones/CENI SEAD Grant (up to $3,000)

☐ Student SEAD Grant (up to $1,000)