

Major SEAD Grant Cover Sheet for FY 24-25

Title of proposal: \_\_\_\_\_

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

Name (Contact PI)	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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**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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**Please indicate the grant you are applying for:**

- Open Call for SEAD Grants (\$25,000)
- Special Project: From Imagination to Innovation (\$30,000)
- Special Project: Human Centered Technology Design for Healthcare (\$40,000)
- Special Project: 75th Anniversary of the Taubman Museum of Art (\$20,000)