

## INSTITUTE FOR CREATIVITY, ARTS, AND TECHNOLOGY Major SEAD Grant Cover Sheet for FY 20-21

Name (Contact PI)	Department	Email	Date
Name	Department	Email	Date
Name	Department	Email	Date
Name	Department	Email	Date
By signing, I confirm that I so	upport the faculty member'	s application and any associa	ted requirements
By signing, I confirm that I so	upport the faculty member'		ted requirements
By signing, I confirm that I so for my department or center	upport the faculty member'		ted requirements
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By signing, I confirm that I so for my department or center  Name  Name  Name  Name	Department  Department  Department  Department  Department  Department  Department	Email  Email  Email  Email	Date Date Date
Department Head/Chair or By signing, I confirm that I so for my department or center  Name  Name  Name  Name  Please indicate the grant y  Open Call for SEAD Grants	Department  Department  Department  Department  Department  Department  Department  Department  Department	Email  Email  Email  Email	Date  Date  Date  Date