



INSTITUTE FOR CREATIVITY, ARTS, AND TECHNOLOGY
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 \$3,000)
- Jones/CENI SEAD Grant (up to \$3,000)
- Student SEAD Grant (up to \$1,000)
- ICAT and MAC Special Project Moss Arts Center Projection (up to \$500)