

**FACULTY GRANT WRITING INITIATIVE**

**Please Type Form**

**PRINCIPAL INVESTIGATOR:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL INVESTIGATOR(S):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_

(use additional sheet if necessary)

**AMOUNT REQUESTED : \$** \_\_\_\_\_

**PROPOSAL TITLE:**

**REQUESTED COURSE RELEASE SEMESTER :** \_\_\_\_\_

**SIGNATURES OF APPROVAL:**

\_\_\_\_\_  
Principal Investigator Department Head / Program Director

\_\_\_\_\_  
Co-Principal Investigator Department Head / Program Director

**PROPOSAL CHECKLIST**

- Cover Sheet (this page)
- Project Summary (2 pages maximum)
- Abbreviated resume/vitae (2 pages per investigator maximum)
- Chair's or Director's letter of support

Has a proposal previously been submitted to an outside organization?  Yes  No

If so: Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_