

EXTERNAL GRANT INITIATIVE APPLICATION

Name:
Date:
Title of Proposal:
Grant Proposal Amount:

Submitted to (if same project is submitted to more than one funder, list all funders here):	
	Date sent:
	Date sent:
	Date sent:

Shared proposals

Is there a second name on the proposal?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Second name:		
If so, should s/he share the incentive stipend?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Signature

Return with a copy of Grant Proposal Sign-Off Sheet(s) to:

Éva Posfay
Associate Dean of the College
Laird 140