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| Amount Required: |  |

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| Phone Extension: |  |

**I Do It Differently (I-DID)**

**Internal Grant Proposal Cover Sheet**

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| --- | --- |
| Project Title: |  |

**1**

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| --- | --- |
| Primary Contact for this Proposal: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank: |  | Department/College: |  |

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| --- | --- |
| Disciplines Impacted by this Proposed Project: |  |

|  |  |
| --- | --- |
| Project Abstract: |  |

Project Team Members

|  |  |
| --- | --- |
| Name: |  |
| Name: |  |
| Name: |  |
| Name: |  |

|  |  |  |
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| [Primary Contact’s Signature | Chair’s Signature | Dean’s Signature |