

**Faculty Renewal Grants
Proposal Cover Sheet**

Project Title:

Institution(s):

Faculty(s) Name(s) and Title(s):

Faculty Department(s):

Faculty Address(es):

Phone:

Email:

Phone:

E-mail:

Amount requested:

Please check the appropriate box:

Professional Development
Personal Growth

Leadership Development
Mentoring

Date pre-proposal or proposal submitted:

Proposed grant period:

(Not to exceed one year from grant receipt)

Signature of faculty member(s) submitting proposal _____ Date: _____

Name of Appropriate dept./div. chair(s)

Name of chief Academic Officer(s)

Signature of above chair(s) **(For full proposal only)**

Signature of Chief Academic Officer(s) **(For full proposal only)**

Date: _____ Date: _____

Evidence of institutional support is required for each grant proposal in the form of a letter of support from the proposal author's chief academic officer (s). **(For full proposal only)**

For Office use only

Date received _____ By _____

Date sent to review committee _____

Action _____ Notification sent _____