

**This consortial program is supported by the W.M. Keck Foundation of Los Angeles
Proposal Cover Sheet**

Project Title:

Faculty Name:

Institution:

Faculty Department:

Faculty Address:

Phone:

Fax:

E-mail:

Amount requested:

Date grant submitted:

Proposed grant period:

Type of project:

Signature of faculty submitting proposal _____

Date:

Name of Dept./Div. Chair

Name of Chief Academic Officer:

Signature of Dept./Div. Chair

Title of Chief Academic Officer

Signature of Chief Academic Officer

Date _____

Date _____

Evidence of institutional support is required for each mini-grant proposal in the form of a letter of support from the proposal author's Department/Division Chair or Dean of Science.

For ACS Office use only

Date received _____

By _____

Date sent to review Committee _____

Action _____

Notification sent _____