

**EXCEPTIONAL MERIT GRANTS PROGRAM  
FOR FACULTY AND STAFF**

**Grant Application Cover Sheet**

**Contact Information for the Primary Person submitting the Proposal:**

Name: and Title:

Department:

Address:

City/State/Zip:

Phone:  Email:

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Project Name:

Purpose of the grant (One sentence):

Purpose:

Amount Requested: \$  Total Project Cost: \$

Dates of the Project:  Project Completion Date:

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**FACULTY - Dean and Department Head Support**

The project proposal in the attached document is consistent with the needs and direction of the department and college.

\_\_\_\_\_  
Signature, Dean

\_\_\_\_\_  
Signature, Department Head

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**STAFF - Supervisor and Vice President Support**

The project proposal in the attached document is consistent with the needs and direction of the department and division.

\_\_\_\_\_  
Signature, Supervisor

\_\_\_\_\_  
Signature, Vice President

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature, Primary Applicant

\_\_\_\_\_  
Printed Name