

CONTACT SHEET
2018-2019 CREATING INCLUSIVE EXCELLENCE FUNDING REQUEST
Deadline for Submission: June 18, 2018
(all information is required)

Title of Proposal: _____

Name of Dean/Director/Chair [Categories 1 and 2(a)] or Faculty/Staff Advisor [Category 2(b)]:

Amount Requested: _____ Multiple-year _____ One-year _____ (please indicate)

Submitted by:

1) Name: _____

College/Department/Unit/Organization: _____

Address: _____

Email: _____ Phone: _____

2) Name: _____

College/Department/Unit/Organization: _____

Address: _____

Email: _____ Phone: _____

3) Name: _____

College/Department/Unit/Organization: _____

Address: _____

Email: _____ Phone: _____

4) Name: _____

College/Department/Unit/Organization: _____

Address: _____

Email: _____ Phone: _____