ANGELO STATE UNIVERSITY
FACULTY DEVELOPMENT & ENRICHMENT PROGRAM GRANTS
PROJECT APPLICATION

PROJECT TITLE _____

PI NAME: _____ **SIGNATURE:** _____

Co-PI NAME: _____ **SIGNATURE:** _____

Co-PI NAME: _____ **SIGNATURE:** _____

Co-PI NAME: _____ **SIGNATURE:** _____

PROJECT START DATE: _____

TOTAL AMOUNT REQUESTED: $_____

PROJECT END DATE: _____

SIGNATURES:

_____ _____

DEPARTMENT HEAD   **DATE**

_____ _____

DEAN   **DATE**

☐ **YES**   ☐ **NO**   **I have submitted a different proposal to the Research Enhancement Grant Program (note: the same or related proposal may not be submitted for funding under the different programs).**

☐ **YES**   ☐ **NO**   **I would accept partial funding for this project should full funding not be available.**