

Departmental Initiative Grant – Pilot Program Application for Funds

Attach a copy of the approval for this activity

Contact:			
(All checks will be sent to this individual for distribution)			
Office:		Phone	
<i>Note deletions on request form and/or add participant name here if necessary</i>			
Fulltime Faculty	Amount to receive	Adjunct Faculty	Amount to receive
Total all stipends:			
Other Expenses			
Explain all other expenses and attach receipts:			
Total other expenses:		\$	
Attach to this claim a brief summary of the outcomes from this activity			
Total Claim:		\$	
Submitted by:		Date submitted	