

# President's Imagination Mini-Grant Program

Project Title:

Project Lead Name:

Project Lead Title:

*Project Lead Contact Information*

Email:

Phone Number:

Campus/Office Location:

Other Team Members:

Total Funding Requested:

Organization/Index #:

Name of person who will enter requisition(s):

Project Abstract (225 words or less): Clearly and concisely state the need the project will address and the general goals of the project.

Name of Project Lead

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Signature of Project Lead

Name of Dean, Supervisor, or Vice President

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Signature of Dean, Supervisor, or Vice President