

Revised 09/2023

Global Development Seed Grant Proposal Cover Sheet

rincipal investigator:		Submission date:		
Proposal title:				
nvestigator names:				
nvestigator names: Please include the names of all investiga	ators involved in the r	project whether at Mi	cciccinni S	tate University or at a college
or university in another state or country,	· · · · · · · · · · · · · · · · · · ·			-
NAME(S) OF INVESTIGATOR(S)	DEPAR ³			DLLEGE/UNIVERSITY
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Funding request:				
Please include the amount requested to	be reimbursed by the	International Institu	te and an	v additional amounts.
Provide the general purpose and quarter	-			
sources amounts.		, .	•	• •
ENTITY	AMOUNT	GENERAL PUR	POSE	QUARTER FUNDED
		(e.g., travel, sup	•	(Quarter when funding will be
International Institute		equipment		provided.)
Departmental Support (required)				
External Sources				
Applicant(s) (overhead, startup, e	etc.)			
College(s)				
Other				
Other				
TOTAL				
-				
Reviewed and approved by:				
Please use digital signatures to complete	e this section.			
INVESTIGATOR(S)	DEPARTMENT HEAD		DEAN/DIRECTOR	
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