

**Cover Sheet for EAST Seed Grants for Institutions of Higher Education**

Name of Institution

Address

Name of Project Director

Title

Phone

E-mail

Project Title

Total Amount Requested \$ \_\_\_\_\_

Please have the project director and an authorized official of the institution sign below to signify commitment and support of the project.

Name of Project Director:

Title:

Signature:

Date:

Name of Authorized Official of the Institution:

Title:

Signature:

Date: