

2024

Public Lands Initiative Grant Program

Faculty Member Signature		Department Head Signature		
Source of Matching Funds:				
Total Cost for Project:				
Total Value of Match:				
Funds Requested:				
Project Duration:	12months	18months	24months	
Project Collaborators and their department or affiliation: (if applicable)				
E-mail:			Phone #:	
Department:				
Academic Title:				
Faculty Member:			A Number:	
Grant Title:				