

2018-19 Innovation Grants Request for Proposals
Application Cover Sheet

PROPOSAL SUBMISSION INFORMATION

Please complete fields 1-10, and note each field is required.

- 1. Campus _____
- 2. Proposal Lead/Project Investigator (PI) Name _____
- 3. Position/Title _____
- 4. Department Unit/Name _____
- 5. Campus Email _____
- 6. Campus Phone _____
- 7. Proposal Type _____
- 8. Project Title _____
- 9. Project Budget _____
- 10. Amount Requested _____

SIGNATURES

Enter and sign your first and last name below.

Proposal Lead/Project Investigator (PI) First and Last Name _____ Signature _____

Continuing and Extended Education Dean First and Last Name _____ Signature _____

Campus President/Provost First and Last Name _____ Signature _____

Questions?
Email: commission@calstate.edu
Phone: (562) 951-4372