

2018  
Extension Water Initiative  
Grants Program

Grant Title:

Faculty Member:

Banner I D:

Department:

E-mail Address:

Phone #:

Project Collaborators  
and their department  
or affiliation:  
(if applicable)

Project Duration:      12 months              18 months              24 months

Funds Requested:

Total Value of Match:

Total Cost for Project:

Source of Matching Funds:

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Faculty Member Signature

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Department Head Signature