# GRI Seed Program

AY 2027-2028 Funding Cycle

## Department Chair or Unit Director Approval

PI: _____

Project Title: _____

Department/Unit: _____

I confirm that I am aware of and support the submission of this application to the GRI Seed Program.

I understand that, if selected, the applicant will participate in a sixteen month research program that includes research activities, pursuit of external funding, student engagement, project reporting and engagement with GRI staff and programming.

I have reviewed the proposed project at a level sufficient to understand any anticipated implications for the department/unit and support the applicant's participation in the program if selected.

Comments or conditions, if applicable:

_____

_____

### Approval

Name of Department Chair/Unit Director: _____

Title: _____

Department/Unit: _____

Signature: _____

Date: _____