

WINKLEBLACK FAMILY FUND COVER SHEET FY24 (AY23-24)

*Call for Proposals – Grant Period (July 1, 2023 to June 30, 2024)

Applicant Name	Department
Project Title	
Amount Requested	Amount Funded *
	* Completed by the Review Committee *

PROPOSAL COMPONENTS <u>Project Summary</u>: Provide purpose and description of project (500 words).

ITEM	DESCRIPTION	AMOUNT	AMOUNT AWARDED *
		REQUESTED	TWINDLD

<u>Budget</u>: Itemize the costs involved in your project by completing the table below.

Completed by Review Committee

List sources of additional funding that you have applied for this project.

Funding Source(s)	AMOUNT REQUESTED	AMOUNT AWARDED

APPROVALS/SIGNATURES

Primary Applicant	Date
Department Chairperson	Date
CHHS Dean	Date
Provost/VPAA	Date
EIU President	Date
EIU Foundation	Date

**For instructions on completing this form or using Adobe Acrobat Pro, see <u>https://www.eiu.edu/chhs/winklegrantgrant.php</u>