MICHIGAN HUMANITIES COLLABORATORY
Proposal Development Application
Funding Cycle: Spring Term (May-June) 2018

The Chair/Director/Associate Dean (in the case of a LSA Chair/Director team member)/Dean of **each** unit in which the applicant holds a **funded** appointment must sign this document.

The collaborative team of faculty will be funded to conduct intensive research and inquiry towards the development of the collaborative project idea and preparing the Project Funding Proposal if the team determines that is the appropriate course of action. Collaboratory Proposal Development funding supports work conducted during May and June, 2018

By signing below the Chair/Director/Associate Dean/Dean signifies awareness that the faculty team member has applied for Collaboratory Proposal Development Funding and agrees to support the terms of the fellowship (intensive Spring Term research/development and compensation per the terms of the approved proposal/budget).

PROJECT INVESTIGATOR (PI) _____
Printed Name

_____
Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____
Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 1 _____
Printed Name

_____
Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____
Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 2 _____
Printed Name

_____
Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____
Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

****This form may be signed electronically, we suggest routing the form via email for electronic signature to ensure all required signatures are on one form.**

FACULTY TEAM MEMBER 3 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 4 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 5 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 6 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 7 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

FACULTY TEAM MEMBER 8 _____

Printed Name

_____

Chair/Director/Dean Unit 1 Printed Name *Signature* *Title*

_____

Chair/Director/Dean Unit 2 Printed Name *Signature* *Title*

****This form may be signed electronically, we suggest routing the form via email for electronic signature to ensure all required signatures are on one form.**