

SEED IDEAS Application

Date: _____

\$ Amount _____ Project Title: _____
Requesting _____

: Applicant Name: _____

UH Campus and Department _____

Address _____
Street, Room # _____ City _____ Zip code _____

Email: _____

Phone: _____

Fax: _____

*Please select
Area of Diversity*

- | | | |
|---|---|--|
| <input type="checkbox"/> Culture | <input type="checkbox"/> Disability Access | <input type="checkbox"/> Gender/Sexual Orientation |
| <input type="checkbox"/> Ethnicity/Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Outreach & Recruitment | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Research | <input type="checkbox"/> Training or Workshop | <input type="checkbox"/> Other |

Short description of initiative (500 Characters):

Project Start date:

End date:

Signatures (No signatures, application will not be reviewed):

Applicant _____

Fiscal Officer _____

Department Chair (print name& signature) _____

Budget Page

Request

Fiscal Officer (Name): _____

FO Address: _____

FO Info:

Email: _____

Phone: _____

Fax: _____

Budget Breakdown:

SEED IDEAS is not allowed to pay for food, UH faculty overload, leis, and travel outside of state for students, faculty or staff. Travel fees to bring out of state speakers to Hawai'i can be supported by this initiative.

Honorarium _____

Conference fees _____

Student support _____

Transportation _____

Supplies _____

Describe:

Other Expenses: _____

Describe:

TOTAL: _____

Other sources of funding? _____

Applications will be accepted but awards will be pending funding by the UH Budget Office.

Proposal attachments:

Requests for \$1000 or less attach a one page summary

Requests for \$1000 to \$5000: limit summary to five pages or less

Include a brief paragraph on project manager and organization submitting request

Contact:

Pua Auyong at paw@hawaii.edu or 808 956-4642

Fax: 808 956-9240 or Mail to:
SEED IDEAS Attn: Pua Auyong
UH Manoa - QLCSS Rm 413
2600 Campus Rd
Honolulu, HI 96822

Email this application with attached summary to : paw@hawaii.edu