

**2024**  
**Extension Water Initiative**  
**Grants Program**

Grant Title:

Project Director:

Banner I D:

Academic Title:

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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Project Director Signature

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Department Head Signature