TITLE OF PROJECT

DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)		COSTS REQUESTED			
From Through		Direct Costs (\$)	Total Costs (\$)		

LEA		ast, First Middle)	DEGREES		
POS	SITION TITLE		MAILING ADD	RESS (Street, City	, State, ZIP code)
DEP	PARTMENT/CENTER		-		
TEL	EPHONE AND FAX		E-MAIL ADDR	ESS	
TEL:		FAX:			

LEAD INVESTIGATOR (Last, First Middle)	DEGREES		
POSITION TITLE	DEPARTMEN [®]	T/CENTER	

LEAD INVESTIGATOR (Last, First Middle)	DEGREES		
POSITION TITLE	DEPARTMEN	CENTER	
POSITION TITLE	DEPARTMEN	CENTER	

LEAD INVESTIGATOR (Last, First Middle)	DEGREES		
POSITION TITLE	DEPARTMEN [®]	F/CENTER	

¹Note that the first Lead Investigator (LI) named will be designated as Contact Investigator. Information on degrees, position title, department/center must be provided for all LIs, if applicable. Any other co-investigators should be listed and described on continuation pages.

TITLE OF PROJECT:

NON-TECHNICAL SUMMARY (limit to 350 words):

Application for							
PROVOST'S MU					FROM	THROUG	H
DETAILED BUDGET - DIRECT COSTS ONLY							
PERSONNEL		TYPE EFFORT INST.		DOLLAR AMOUNT REQUE		ED (omit cents)	
NAME	ROLE ON PROJECT	APPT. (months)	APPT. ON	BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
					_		-
					_		_
					_		_
					_		
					_		_
					_		-
	SUBTOTAL	s ——		\longrightarrow	-	-	
CONSULTANT COSTS							
						\$0 \$0	
						\$0 \$0	\$0
MINOR EQUIPMENT (Itemize)						\$0	
						\$0	
SUPPLIES (Itemize by category)	·)					\$0	\$0
	\$0					\$0	
	\$0 \$0					\$0 \$0	
	\$0					\$0	
	\$0 \$0					\$0 \$0	¢O
TRAVEL	φυ					φυ	\$0
						\$0 \$0	
						\$0 \$0	\$0
OTHER EXPENSES (Itemize by							
	\$0 \$0					\$0 \$0	
\$0 \$0							
	\$0 \$0					\$0 \$0 _\$0	\$0
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (F & A Costs are not applicable)					\$0		

BUDGET JUSTIFICATION^{1.}

Personnel/Professional Services:

Consultant Costs:

Minor Equipment:

Supplies:

<u>Travel:</u>

Other Expenses:

^{1.} Use continuation pages for additional space.

BIOGRAPHICAL SKETCH

Provide the following information for Lead Investigators, key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME POSITION TITLE

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)						
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY			

POSITIONS AND HONORS

SELECTED PEER-REVIEWED PUBLICATIONS OR MANUSCRIPTS IN PRESS (Chronological order)

OTHER SUPPORT INFORMATION

Name of Individual (Last, First Middle):

Active/Pending Project Number - Principal Investigator Funding Agency Title of Project (*and/or Subproject*): Dates of Approved/Proposed Project: Annual Direct Costs / Percent Effort:

The overall goal of this project is... Overlap

Active/Pending Project Number - Principal Investigator Source:

Title of Project (and/or Subproject):

Dates of Approved/Proposed Project: Annual Direct Costs / Percent Effort:

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Active/Pending Project Number - Principal Investigator Source:

Title of Project (and/or Subproject):

Dates of Approved/Proposed Project:

Annual Direct Costs / Percent Effort:

The overall goal of this project is... Overlap

Active/Pending Project Number - Principal Investigator Source: Title of Project (*and/or Subproject*): Dates of Approved/Proposed Project: Annual Direct Costs / Percent Effort: The overall goal of this project

The overall goal of this project is... Overlap

TITLE OF PROJECT:

RESEARCH PLAN (not to exceed 3 pages)

LITERATURE CITED