**PROPOSAL COVER SHEET**

Due June 16, 2017 at 5:00 PM EDT

Pre-Proposal Title:

Amount requested: Amount Matched:

Grant Period: February 1, 2018 – January 31, 2020

Principal Investigator:

Institution and Unit:

Telephone:

Address:

Email:

Co-Principal Investigator:

Institution and Unit:

Telephone:

Address:

Email:

Department Chair/Dean/Institutional Representative:

Institution and Unit:

Telephone:

Address:

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature/Date Institutional Authority/Representative

 Signature/Date

SAMPLE