1. Principal Investigator(s):
   PI: 
   Co-PI: 
   Co-PI: 

2. Proposal Identification:
   Proposal Title: 
   Current Contract or Grant Number (if applicable) 

3. Agency Due Date 
   Agency Name 
   Project Begin and End Dates 

4. Proposal Type: __ Grant __ Contract __ Subcontract
   Anticipated award will be: __New __Continuation __Renewal __Supplement __Revision
   Project is: __Research __Training __Equipment __Fellowship __Other

5. Proposal Checklist:
   Yes  No
   _____ On Campus Space  Indicate building and room(s):
     If no, indicate off-campus space arrangements:
   _____ Human Subjects  If yes, attach HS Form X if project is exempt from Committee
                         review, or attach HSPC Committee approval.
   _____ Animal Subjects  If yes, attach ARC approval notice.
   _____ Subcontracts  If yes, attach a copy of the subcontractor's proposal.
   _____ Matching Funds  Amount: ________ Source: ________

6. Funds Requested:
   Funds Requested for All Budget Periods:
   Direct Costs $ ___________ Indirect Costs $ ___________
   Total Costs $ ___________
   Indirect Costs Calculated at _____% of ___Modified Total Direct Cost, ___Total Direct Cost, or ___Other

7. Remarks: 
   ____________________________________________

8. Approvals:
   PRINCIPAL INVESTIGATOR ___________________________ DATE _________
   CO-PRINCIPAL INVESTIGATOR(S) ___________________________ DATE _________
   DIRECTOR, SPONSORED RESEARCH ___________________________ DATE _________
   CHAIR OF FACULTY ___________________________ DATE _________