**RESEARCH PROPOSAL APPLICATION COVER PAGE**

**Please complete all information**

|  |  |
| --- | --- |
| **Project Title** |  |

**Principal Investigator & Authorized Organizational Representative
(list Co-Principal Investigator/collaboration information on proposal template)**

|  |  |
| --- | --- |
| **Principal Investigator** | **Authorized Organizational Representative** |
| **Name** |  | **Name** |  |
| **Affiliation** |  | **Title** |  |
| **Mailing Address** |  | **Mailing Address** |  |
| **City/State/Zip** |  | **City/State/Zip** |  |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |

**Project Timeline and Funding Information**

|  |  |
| --- | --- |
| **Current Year** | **Multi-Year Project Information (if applicable)** |
| **Year 1** | **Year 2** | **Year 3** |
| **Start Date** | **10/01/2020** |  |  |  |
| **End Date** | **9/30/2021** |  |  |  |
| **Funds Requested** | **$** | **$** | **$** | **$** |

**Proposal Summary (250 words max)**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Signature of Principle Investigator** | **Date:** |
| **Signature of Authorized Organizational Representative** | **Date:** |

|  |  |
| --- | --- |
| **Principal Investigator** |  |
| **Organization** |  |

|  |  |
| --- | --- |
| **Cooperator(s)** | **Name:****Affiliation:** **Address:****Phone:****Email:** |
|  | **Name:****Affiliation:** **Address:****Phone:****Email:** |
|  | **Name:****Affiliation:** **Address:****Phone:****Email:** |
|  | **Name:****Affiliation:** **Address:****Phone:****Email:** |

**Project Description (expand as needed, 3 pages max)**

**Introduction:**

**Project Justification and Rationale:**

**Goals & Objectives:**

**Proposed Work and Methods:**

**Timeline:**

**Communication and Outreach Strategies:**

**Budget**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator(s)** | **Funding Request** | **Other Funding** |
| 1. **Salaries & Wages**
 |  |  |
| 1. **Co-Principal Investigator(s)**
 |  |  |
| 1. **Senior Associates**
 |  |  |
| 1. **Research Associates – post doctoral**
 |  |  |
| 1. **Other Professionals**
 |  |  |
| 1. **Graduate Students**
 |  |  |
| 1. **Prebaccalaureate Students**
 |  |  |
| 1. **Secretarial-Clerical**
 |  |  |
| 1. **Technical, Shop, and Other**
 |  |  |
| 1. **Fringe Benefits**
 |  |  |
| 1. **Non-Expendable Equipment**

**(attach supporting data, list items and dollar amount for each item)** |  |  |
| 1. **Materials and Supplies**
 |  |  |
| 1. **Travel**
 |  |  |
| 1. **Publication Costs**
 |  |  |
| 1. **Computer Costs**
 |  |  |
| 1. **All Other Direct Costs**
 |  |  |
| **TOTAL AMOUNT** | **$** | **$** |

**Budget Justification (expand as needed)**

**Email proposal as electronic copy in Microsoft Word or PDF format to
Danielle Bauer, danielle.rrconsulting@gmail.com**