

APPLIED RESEARCH TO ADDRESS THE STATE'S CRITICAL NEEDS INITIATIVE

Please Type Form

PRINCIPAL INVESTIGATOR:

Name: Title:

Department: Phone:

ADDITIONAL INVESTIGATORS:

Name: Title:

Department: Phone:

Name: Title:

Department: Phone:

(use additional sheet if necessary)

PROPOSAL TITLE:

AMOUNT REQUESTED : \$ _____

COURSE RELEASE REQUESTED: No Yes (Release is for Fa18, unless chair/director approves Sp18)

SIGNATURES OF APPROVAL:

Principal Investigator

Department Chair / Program Director

Co-Principal Investigator

Department Chair / Program Director

Co-Principal Investigator

Department Chair / Program Director

PROPOSAL CHECKLIST

- Cover Sheet (this page)
- Abstract (200-word maximum)
- Project Narrative (3 pages maximum)
- Budget and Budget Justification (2 pages maximum)
- Project Bibliography
- Abbreviated vitae (2 pages per investigator maximum)
- Chair's or Director's letter supporting course release (if applicable)