

*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 Fa19, unless chair/director approves Sp19)

**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)