**INSTRUCTIONS FOR USING PROPOSED RESEARCH   
PROJECT (PRP) COVER PAGE**

***For use at the PI’s institution for obtaining approval by Sponsored Programs Office.***

If your institution requires approval from the Grants or Sponsored Programs Office on ‘pre-proposals’, you may use the attached form when you submit your Proposed Research Project for internal processing. This is not a required component of the Proposed Research Project, and there should not be forwarded to the MGMT Coordinated Project Committee or the Networking & Facilitation Office.

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| **FY16-17 PROPOSED RESEARCH PROJECT APPLICATION FOR FUNDING COVER PAGE** | | | | | | | |
| 1. **LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE** | | **3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** | | | | **4. a. PHONE NUMBER** | |
|  | |
| **b. FAX NUMBER** | |
|  | |
| **c. E-MAIL ADDRESS** | |
|  | |
| **2. ADDRESS** *(Give complete mailing address and Zip Code-including Country)* | | **5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE**  *(If different from Item 2.)* | | | | | |
| **6. TITLE OF PROPOSED RESEARCH PROJECT** (80-character Maximum, including spaces) | | | | | | | |
| **7. APPROXIMATE PERIOD OF PROPOSED PROJECT DATES**  MAY 2016 – APRIL 2018 | 8. DURATION REQUESTED 24 MONTHS | | | | **9. TOTAL FUNDS REQUESTED BY YEAR**  **Year 1 $**:  **Year 2 $**:  **IDC Rate %[[1]](#footnote-1)** | | |
| **10. PRINCIPAL INVESTIGATOR, CP LEADER AND CO-INVESTIGATOR(S)** | | | **11. a. PI’s PHONE NUMBER:** | | | | |
| **a. Name of Principal Investigator (First, Middle Initial, Last)** | | | **b. FAX NUMBER:** | | | | |
|  | | | **c. E-MAIL ADDRESS:** | | | | |
| **b. Co-Investigator (First, Middle Initial, Last)** | | | **12. PI’s BUSINESS ADDRESS** (Include Department, Street Address, Zip Code) | | | | |
|  | | |
| **c. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **d. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **e. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **13. DESIGNATE WITH AN 'X' NEXT TO ONE OF THE FHB MANAGEMENT COORDINATED FOR WHICH YOU ARE SUBMITTING THIS PRE-PROPOSAL.**  Integrated Management Studies (IM)\_\_\_\_ | | | **14. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?**  [ ] No [ ] Yes *(If yes, list Agency acronym(s) & program(s) and fill in attached “Current and Pending” Form.)* | | | | |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:** | | | | | | | **DATE** |
| **SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** *(Not required by USWBSI)* | | | | **TITLE** | | | **DATE** |

1. IDC rate’ refers to Indirect Cost Rate or Overhead Rate (Not applicable for USDA-ARS PIs). [↑](#footnote-ref-1)