**INSTRUCTIONS FOR USING INDIVIDUAL PRE-PROPOSAL 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 Individual Research Area Pre-Proposal for internal processing. This is not a required component of the Pre-Proposal, and therefore should be used separate from the Cover Page included with the ‘Section 3’ forms.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY16-17 RESEARCH AREA (RA) PROJECT PRE-PROPOSAL  APPLICATION FOR FUNDING** | | | | | | | | |
| 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 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**  **Year 1 $:**  **Year 2 $:**  **IDC Rate:**  **%1** | | | |
| **10. PRINCIPAL INVESTIGATOR AND CO-INVESTIGATOR(S)** | | | **11. a. PI’S PHONE NUMBER**: | | | | | |
| **a. Name of Principal Investigator (First, Middle, Last)** | | | **b. FAX NUMBER**: | | | | | |
|  | | | **c. E-MAIL ADDRESS**: | | | | | |
| **b. Name of Co-Investigator #1 (First, Middle, Last)** | | | **12. PI’s BUSINESS ADDRESS** (Include Department/Zip Code)  **ALTERNATE SHIPPING ADDRESS** (i.e. FEDEX) | | | | | |
|  | | |
| **c. Name of Co-Investigator #2 (First, Middle, Last)** | | |
|  | | |
| **d. Name of Co-Investigator #3 (First, Middle, Last)** | | |
|  | | |
| **e. Name of Co-Investigator #4 (First, Middle, Last**) | | |
|  | | |
| **f. Name of Co-Investigator #5 (First, Middle, Last**) | | |
|  | | |
| **13. DESIGNATE WITH AN 'X' ONE RESEARCH AREA (RA) WHOSE DESCRIPTION AND PRIORITIES YOUR PROJECT IS DESIGNED TO ADDRESS.**  FHB Management (MGMT) \_\_\_\_  Food Safety and Toxicology (FST) \_\_\_\_  Gene Discovery and Engineering Resistance (GDER) \_\_\_\_  Pathogen Biology and Genetics (PBG) \_\_\_\_  None of the above \_\_\_\_ | | | **14. BELOW LIST THE FY16-17 RA-SPECIFIC RESEARCH PRIORITIES ADDRESSED BY THIS PROPOSED RESEARCH:** | | | | | |
| FOR OFFICE USE ONLY [ ]N [ ]C (\_\_\_\_) MGMT FST GDER PBG | | | | | | | FY16- | |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR (Not required by USWBSI):** | | | | | | | | **DATE** |
| **SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** *(****Not required by USWBSI)*** | | | | **TITLE** | | | | **DATE** |

1IDC rate’ refers to Indirect Cost Rate or Overhead Rate (Not applicable for USDA-ARS PIs).