**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 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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| **FY20-21 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 (**85-character Maximum including spaces**)** |
| **7. APPROXIMATE PERIOD OF PROPOSED PROJECT DATES** FY20: MAY 2020 – APRIL 2021FY21: MAY 2021 – APRIL 2022 | 8. DURATION REQUESTED24 MONTHS | **9. TOTAL FUNDS REQUESTED BY YEAR****Year 1** (FY20) **$:****Year 2** (FY21) **$:****IDC/F&A 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/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' 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 or Other \_\_\_\_ | **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***:*  | **TITLE** | **DATE** |

*Adobe digitally signed is accepted.*

1. IDC/F&A rate’ refers to Indirect Cost Rate or Facilities & Administration *(Not applicable for USDA-ARS PIs or PIs currently being funded under a Non-Assistance Cooperative Agreement (NACA)).* [↑](#footnote-ref-1)