**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.

|  |
| --- |
| **FY16-17 PROPOSED RESEARCH PROJECTAPPLICATION 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 REQUESTED24 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)