**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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FY18-19 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**  MAY 2018 – APRIL 2020 | 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. CP Leader (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. BELOW LIST THE FY18-19 RA-SPECIFIC RESEARCH PRIORITIES ADDRESSED BY THIS PROPOSED RESEARCH:** | | | |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:** | | | | | | **DATE** |
| **SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE***:* | | | **TITLE** | | | **DATE** |

*Adobe digitally signed is accepted.*

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