



VOORHEES UNIVERSITY
OFFICE OF SPONSORED PROGRAMS

Application / Proposal Cover Sheet

****Proposal must accompany this form****

Principal Investigator (PI) and Agency

| | | |
|---|----------------------------|---------------------|
| PI: _____ | Department: _____ | |
| PI Phone#: _____ | E-mail: _____ | Fax#: _____ |
| Co-PI: _____ | Co-PI Phone#: _____ | CFDA#: _____ |
| Funding Agency/Organization: _____ | | |

Project Information

| | |
|---|--------------------------------|
| Project Title: _____ | |
| Project Start Date: _____ | Project End Date: _____ |
| Project Type: New ___ Supplement ___ Continuation / Renewal ___ | Project ID: _____ |
| Award Type: Grant ___ Contract ___ Subcontract ___ Cooperative Agreement ___ Sub Award ___ | |
| Nature of the Proposal: Research ___ Training ___ Fellowship ___ Other ___ | |
| Describe _____ | |
| Will additional space be required? Yes ___ No ___ Type / Location: _____ | |
| Will release/replacement time be requested? Yes ___ No ___ If yes, please complete and attach the appropriate Release / Replacement form. | |

Budget Information

First Year Budget Summary:

| Required Funds | Matching Funds | New Direct Costs & Cost Sharing / |
|---|----------------|--------------------------------------|
| Salaries, Wages & Benefits | | |
| Student Aid | | |
| Other Direct Costs | | |
| Participant Support Costs | | |
| Indirect Costs @ ____% (Grant's Duration) | | |
| Sub – Total (Year 1) | | |
| Total Amount Requested (Grant's Duration) | | |

These signatures certify that all information contained in this form and related proposal, is accurate and complete. ALL commitments for faculty release-time, space, facilities, equipment, cost-sharing, budget, and student involvement have been carefully reviewed. Please note, indirect costs are calculated at 50% unless otherwise stated. Additional space is available for Co-PI's on page two.

Sign, Print and Date:

Principal Investigator:

Dean / Supervisor:

Provost / Vice president:

director of ors:

co – Principal investigator:

Dean / supervisor:

provost / Vice president

OSR use only:

Date Submitted to OSR _____ Date Submitted to Agency: _____
Reviewed by: _____