

## Application Cover Page

Principal Investigator:(PI): _____
Department: _____

Rank: (Check one) <input type="checkbox"/> Assistant Professor; <input type="checkbox"/> Associate Professor; <input type="checkbox"/> Professor; <input type="checkbox"/> Clinical Faculty
Co-Investigators and Department: _____
PI's email address: _____

Does proposal contain confidential or proprietary information? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, contact the Director of Sponsored Programs and Research <b>prior</b> to submission.)
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Brief Project Description: (limit 75 words)
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**Budget Summary:**

**FRD Program**

**Other Funding**

**Total Project**

Salaries & Wages		
Fringe Benefits		
Equipment		
Materials & Supplies		
Travel		
Other Expenses		
<b>Total</b>		

**Checklist of Required Attachments:**

- Cover Page
- One page abstract suitable for publication
- Maximum 16 (sixteen) page project description
- 1-2 page abbreviated CV for each key person
- 1-2 page abbreviated CV for mentor

**Appendices:**

If required by FRD Program guidelines, certification or letters of support relative to:

- Release-time request(s)
- Equipment or other cost sharing (including Graduate Tuition)
- Project's economic development potential
- Other \_\_\_\_\_

<b>Required Signatures</b> (Additional signature pages may be added if necessary):	
I certify that activities described in the attached proposal will be conducted in accordance with the terms of the FRD Program and other University regulations, and that I will submit a proposal to a sponsor as relevant to the submission, within 24 months of my authorization to expend FRD funds.	
Applicant Signature	Date
I certify that department resources described in this proposal will be made available to conduct these activities:	
Department Chair	Date
I certify that the proposed activities are consistent with the University's strategic plan, that adequate resources will be available, and that appropriate programmatic and financial oversight(s) will be provided	
Academic Dean	Date

**Mentor Certification**

I agree to provide support, assistance and/or advice to \_\_\_\_\_ in the conduct of the research/scholarly activity and in the development of a funding proposal as identified in this submission.

\_\_\_\_\_  
Mentor

\_\_\_\_\_  
Date