

AQRP Proposal Cover Page

Research Priority: _____

Proposal Title: _____

<p>Principal Investigator (PI)</p> <p>Name: _____</p> <p>Business Name: _____</p> <p>Department: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Co-Principal Investigator (Co-PI) at Same Institution</p> <p>Name: _____</p> <p>Business Name: _____</p> <p>Department: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>Office of Sponsored Research Contact</p> <p>Name: _____</p> <p>Business Name: _____</p> <p>Department: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Financial/Administrative Contact</p> <p>Name: _____</p> <p>Business Name: _____</p> <p>Department: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>

Collaborator & Budget Information

Will this project have collaborating institutions? If yes, please list the institutions with their individual requested budgets.**

Institution Name		Budget Requested (\$)
Lead Institution		
Collaborating Institution		
Collaborating Institution		
Collaborating Institution		
Collaborating Institution		
TOTAL PROPOSAL BUDGET REQUESTED		

**Please have each Collaborating Institution complete the *Collaborator Form*. All forms should be submitted in one proposal packet.

Principal Investigator Signature

Department Head Signature (if needed)

Office of Sponsored Research Signature

Additional Signature (if needed)