

Proposal Cover Worksheet

RFP #

Project Title:

Organization: *(Legal name as shown on W9)*

Organization:

Legal Address *(No P.O. Boxes Please):*

Personnel: *(Separately upload CV or brief resume for PI, Co-PIs and other key research team members)*

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

Co-Principal Investigator: *Individual responsible for the completion of major portions of the proposed work.*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

For additional Co-PIs, use Additional Co-PIs form.

Authorized Representative: *Individual at your organization authorized to sign legal contracts and commit organization's participation.*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

Accounting Contact: *Individual authorized to accept payments.*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

Is PO # required for payment? Yes No

Administrative Contact: *Individual from Sponsored Programs office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests, etc.).*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

Contracting (legal) Contact: *Individual responsible for contract administration including contract negotiation and contract amendments (if applicable)*

Name:

Title:

Organization:

Complete Address:

Phone: E-mail:

Project Period (months):

WRF Award

Cost Share/3rd Party

Total Budget