**TAILORED COLLABORATION PROGRAM PRE-PROPOSAL/DRAFT RFP COVER SHEET**

**PROPOSER INFORMATION**

|  |  |
| --- | --- |
| Sponsoring Utility: |  |
| Contact Person at Utility: |  |
| Address: |  |
| Phone and Email: |  |

|  |  |
| --- | --- |
| Coordinating PI: |  |
| Address: |  |
| Phone and Email: |  |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| Project Title: |  |
| Topic/Keywords |  |
| Project Period |  |

Project is to be: Sole-Sourced RFP

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name**  (note with \* subscriber organizations whose funding is eligible for WRF match) | **Cash Co- funding (Funds to WRF)** | **In-kind (Goods & Services by 3rd Parties)** | **Total Funding (Cash + In-kind)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **Subtotal** |  |  |  |
| **Funds requested from WRF** |  | N/A |  |
| **Total Project Budget** |  |  |  |

**Will all cash funding be received by WRF? Yes No**

If not, please describe who will disburse funding and who will receive funding:

\_\_\_\_\_\_ If you are submitting a technology demonstration,please initial, signifying that you have reviewed the WRF IP and Patent Policy (see Section VI of WRF’s sample contract)

**Is this research being funded/leveraged by other organizations/programs/funding sources?**

Yes No If Yes, list funding sources and/or programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this research related to a prior or ongoing WRF project?**

Yes NoIf Yes, list project and/or program:

**AUTHORIZED SIGNATURES**

**Principal Investigator**

*I agree to accept responsibility for scientific conduct of the project and to provide the required project reports if a contract is awarded as a result of this application.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  |  |  |

**Designated Official Responsible for Contracts in the Proposer’s Organization**

*To the best of my knowledge, this organization can comply with the WRF policies and contractual conditions listed in Section II.6 of the instructions.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  |  |  |