

School of Dentistry Research Proposal Transmittal Form

NOTE: A copy of the program announcement must be attached to this form.

Proposal Title

Principal Investigator

Phone:

Day

Night

Co-Investigator(s)

Co-Investigator(s)

Funding Agency

Total Cost \$

Direct Cost \$

Indirect Cost \$

Anticipated Award Period: MM/DD/YY to MM/DD/YY

Grant Submission Deadline:

Is sufficient space already allocated?

NO

YES

If yes, specify rooms.

Signatures:

Principal Investigator

Date

PI's Department Chair

Date

Director of Equipment User Facility

Date

Associate Dean for Research

Date

Director of Business Administration

Date

Dean, School of Dentistry

Date

Please complete the following and return to the Office of the Dean as the status of grant changes.

Status

Rejected

Awarded

Withdrawn

Date

Awarded Total Cost \$

Direct Cost \$

Indirect Cost \$

Funded Period

ELIGIBLE FOR AMENDED APPLICATION/COMPETING CONTINUATION?

NO

YES

If yes, enter date
