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**GRANT DEVELOPMENT PROGRAM 2017**

**Cover Pages**

**Application Deadline: Monday, February 6, 2017, 5:00 p.m. Pacific time**

Applications received after the deadline will not be considered.

**ONE** copy of this **two-page** form must accompany each proposal. All information must be typed. This form must be included with the rest of the application materials in one single pdf file sent to csucoast@csumb.edu.

|  |
| --- |
| **Project Title:** |
|  |  |
|  |
| **Total Amount of Funding Requested from COAST:** |
|  |  |  |
| **Lead Principal Investigator:** |
| Name: |  |  | Campus:  |  |
| Department:  |  |  | Email: |  |
| Phone: |  |  |  |  |
|  |
| **Co-Principal Investigator:** |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  |
| **Co-Principal Investigator:** |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  |
| **Co-Principal Investigator:**  |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |

**Targeted Funding Agency Information**

Please copy and complete this section again if you plan to target more than one funding agency.

|  |  |  |
| --- | --- | --- |
| Proposed Extramural Funding Agency: |  | Solicitation or Program: |
|  |  |  |  |  |
| Expected Submission Date: |  | Project Duration (Include Start & End Dates): |
|  |  |  |  |  |
| Estimated Funding Amount to be Requested: |  |  |
|  |  |  |  |

**Grants Office Personnel Submitting Application on behalf of Lead PI:**

|  |  |  |
| --- | --- | --- |
| Name: |  | Campus: |
|  |  |  |  |  |
| Title: |  | Grants Office URL: |
|  |  |  |  |  |
| Phone: | Email: |
|  |  |  |  |  |