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**GRANT DEVELOPMENT PROGRAM 2021**

**Cover Pages**

**Application Deadline: Monday, September 14, 2020, 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](mailto:csucoast@csumb.edu).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Title:** |  | | | | |
|  | | | | | |
| **Total Amount of Funding Requested from COAST:** | | | |  | |
|  | | | | | |
| **Number of CSU Campuses Involved:** | | | |  | |
|  | | | | | |
| **Funding Requested to:** | |  | **Develop New Proposal** |  | **Revise Existing Proposal** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lead Principal Investigator** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 1** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 2** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 3** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |

Cut and paste rows above to add additional Co-PIs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | |
|  |  |  | |  |  |

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| --- | --- | --- | --- |
| **Three Suggested Reviewers (Required)** | | | |
| Name: |  |  |  |
| Campus: |  |  |  |
| Department: |  |  |  |
| Email: |  |  |  |