

Form Must be Typed

Bowie State University
Office of Research and Sponsored Programs (ORSP)
Application or Proposal Cover Sheet

\*\*Proposal must accompany this form\*\*

Principal Investigator (PI) and Agency

PI : \_\_\_\_\_ Department: \_\_\_\_\_
PI Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax#: \_\_\_\_\_
Co-PI: \_\_\_\_\_ Co-PI Phone#: \_\_\_\_\_ CFDA#: \_\_\_\_\_
Funding Agency/Organization: \_\_\_\_\_

Project Information

Project Title: \_\_\_\_\_
Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_
Project Type: New [ ] Supplement [ ] Continuation/Renewal [ ] Project ID: \_\_\_\_\_
Award Type: Grant [ ] Contract [ ] Subcontract [ ] Cooperative Agreement [ ] Sub Award [ ]
Nature of the Proposal: Research [ ] Training [ ] Fellowship [ ] Other [ ] Describe: \_\_\_\_\_
Will additional space be required? Yes [ ] No [ ] Type/Location: \_\_\_\_\_
Will release/replacement time be requested? Yes [ ] No [ ] If yes, please complete and attach the appropriate Release/Replacement form.
Will cost sharing/matching time be requested? Yes [ ] No [ ] If yes, please complete and attach the appropriate Cost Sharing/ Matching form.

Budget Information

Table with 3 columns: First Year Budget Summary, New Direct Costs & Requested Funds, Cost Sharing/ Matching Funds. Rows include Salaries, Wages & Benefits, Student Aid, Other Direct Costs, Participant Support Cost, Indirect Costs @ \_\_\_%, Sub-Total (Year 1), and Total Amount Requested- (Grant's Duration).

These signatures certify that all information contained in this form and related proposal, is accurate and complete. ALL commitments for faculty release-time, space, facilities, equipment, cost-sharing, budget, and student involvement have been carefully reviewed. Please note, indirect costs are calculated at 56.8% unless otherwise stated. Addition space is available for Co-Pi's on page two.

Signatures and dates for Principal Investigator, Department Chair/Supervisor, Dean/Vice President, and Director of ORSP.

ORSP use only: Date Submitted to ORSP \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

**Form Must be Typed**

\_\_\_\_\_

Sign

\_\_\_\_\_

Print

\_\_\_\_\_

Date

**Co-Principal Investigator**

\_\_\_\_\_

Sign

\_\_\_\_\_

Print

\_\_\_\_\_

Date

**Department Chair/Supervisor**

\_\_\_\_\_

Sign

\_\_\_\_\_

Print

\_\_\_\_\_

Date

**Dean/Vice President**

**ORSP use only:**  
Date Submitted to ORSP \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_ Reviewed By: \_\_\_\_\_