

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 <input type="checkbox"/> Supplement <input type="checkbox"/> Continuation/Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/>	
Award Type: Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/>	
Nature of the Proposal: Research <input type="checkbox"/> Training <input type="checkbox"/> Fellowship <input type="checkbox"/> Other <input type="checkbox"/> Describe: _____	
Will additional space be required? Yes <input type="checkbox"/> No <input type="checkbox"/> Type/Location: _____	
Will release/replacement time be requested? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete and attach the appropriate Release/Replacement form.	
Will cost sharing/matching time be requested? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete and attach the appropriate Cost Sharing/ Matching form.	

Budget Information

First Year Budget Summary:	New Direct Costs & Requested Funds	Cost Sharing/ Matching Funds
Salaries, Wages & Benefits	_____	_____
Student Aid	_____	_____
Other Direct Costs	_____	_____
Participant Support Cost	_____	_____
Indirect Costs @ _____%	_____	_____
Sub-Total (Year 1)	_____	_____
Total Amount Requested- (Grant's Duration) _____		(Type/Source) _____

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% unless otherwise stated. Addition space is available for Co-Pi's on page two.

_____ Sign	_____ Print	_____ Date
Principal Investigator		
_____ Sign	_____ Print	_____ Date
Department Chair/Supervisor		
_____ Sign	_____ Print	_____ Date
Dean/Vice President		
_____ Sign	_____ Print	_____ Date
ORSP Approver		

ORSP use only:

Date Submitted to ORSP _____ Date Submitted to Agency: _____ Reviewed By: _____

_____ Sign	_____ Print	_____ Date	Co-Principal Investigator 1
_____ Sign	_____ Print	_____ Date	Department Chair/Supervisor
_____ Sign	_____ Print	_____ Date	Dean/Vice President
_____ Sign	_____ Print	_____ Date	Co-Principal Investigator 2
_____ Sign	_____ Print	_____ Date	Department Chair/Supervisor
_____ Sign	_____ Print	_____ Date	Dean/Vice President

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