

GC PROPOSAL COVERSHEET

CUNY Graduate Center - Research and Sponsored Programs 212.817.7520

A SIGNED COPY OF THIS FORM MUST ACCOMPANY YOUR PROPOSAL AND APPROVED BUDGET
AT LEAST 2 WEEKS PRIOR TO FUNDER'S DEADLINE

Proposal Title

Name PI(s) Date

Program, Department or Center

Phone Email

Funding Agency

Contact Person

Address

Phone Email

Amount Requested Indirect Costs Requested

Will you be requesting release time from your teaching load anytime during the grant period?

No....Yes.... A budget figure for release time should be included in your proposal.

Additional Space required No....Yes*... If yes provide brief details

Special Equipment required No....Yes.... If yes provide brief details

If yes to any of the above, you will need written permission from the program EO prior to proposal submission.

Copy of Proposal in RSP Yes..... No..... Date received by RSP.....

Budget Reviewed Yes..... No.....

Signature of Appropriate Dean Date

Signature for RSP..... Date

Signature of PI(s) Date

*Please note that any space needs (including shared space) will be negotiated upon receipt of the grant.