

## **COVER PAGE**

***PARTICIPATING FACULTY (Name, Rank, Department, Campus)***

- (Main PI) 1.**  
**(Additional) 2.**  
3.  
4.

***Title of proposal:***

***Please designate subject area of research project:*** \_\_\_\_\_  
(e.g. Biology, Mathematics, Social History)

***Proposal Summary:***

Note: Please email a copy of the proposal summary to [sherine.tambyraja@mail.cuny.edu](mailto:sherine.tambyraja@mail.cuny.edu) by October 1, 2004.

***Faculty Signatures:***

	<b>Name</b> _____
	<b>Name</b> _____
	<b>Name</b> _____
	<b>Name</b> _____

***Include CVs (2 pages – NIH-style) of each participating faculty***

**Authorizing officer committing the college to providing matching funds:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Grants Officer:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Budget*

EQUIPMENT	COST
A.	
B.	
C.	
D.	
E.	
F.	
<b>TOTAL</b>	

**Total Amount Requested (\$40,000 maximum):** \_\_\_\_\_

**Total Amount matching (50% minimum):** \_\_\_\_\_

***Description of Main Research Project***

(3-5 pages, single-spaced)

## *Additional Research Projects*

**1. Faculty Name:**

**Description of use for equipment:**

---

**2. Faculty Name:**

**Description of use for equipment:**

**(OPTIONAL FORM)**

**Please provide contact information for potential reviewers or those you specifically wish NOT to evaluate your proposal**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**To review**\_\_\_\_\_ **To NOT review**\_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**To review**\_\_\_\_\_ **To NOT review**\_\_\_\_\_

