

Proposal Fact Sheet

Proposal # _____ Project # _____ Project # _____ Project # _____ Project # _____

PI Name _____ PI UFID # _____ % Effort _____ YR1 Sal/Fringe \$ _____

PI College _____ PI Dept & Dept ID _____

Co-PI Name _____ Co-PI UFID # _____ % Effort _____ YR1 Sal/Fringe \$ _____

Co-PI College _____ Co-PI Dept & Dept ID _____

Co-PI Name _____ Co-PI UFID # _____ % Effort _____ YR1 Sal/Fringe \$ _____

Co-PI College _____ Co-PI Dept & Dept ID _____

Co-PI Name _____ Co-PI UFID # _____ % Effort _____ YR1 Sal/Fringe \$ _____

Co-PI College _____ Co-PI Dept & Dept ID _____

If COP Grad Student: Name _____ Stipend Included? Yes No Tuition Included? Yes No

Proposal Type: New Revised Continuation: Competitive Noncompetitive

Grant: Basic Clinical Contract: Basic Clinical Fellowship Other: _____

Category: Federal State Private DSR Other

Agency Name _____

Grant Title _____

Funding Period _____ to _____ Do You Have a Conflict of Interest? Yes No

Budget Information Total Direct Cost \$ _____ Are Human Subjects Involved? Yes No

at _____ % F&A Cost \$ _____ Are Animal Subjects Involved? Yes No

Total Cost \$ _____ Will You be using Biohazards? Yes No

Will You be Using Recombinant DNA/RNA? Yes No

Will You be Purchasing Equipment? Yes No

Is There a Subcontract (Outside of UF)? Yes No

Are Other Colleges within UF Involved? Yes No

Is Cost-share Involved? Yes No

If no salary and/or F&A is listed you MUST provide supporting documentation Are You Ready to Submit Proposal to DSR? Yes No