**INSTRUCTIONS FOR USING PROPOSED RESEARCH   
PROJECT (PRP) COVER PAGE**

***For use at the PI’s institution for obtaining approval by Sponsored Programs Office.***

If your institution requires approval from the Grants or Sponsored Programs Office on ‘pre-proposals’, you may use the attached form when you submit your Individual Research Area Pre-Proposal for internal processing. This is not a required component of the Pre-Proposal, and therefore should be used separate from the Cover Page included with the ‘Section 3’ forms.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FY20-21 RESEARCH AREA (RA) PROJECT PRE-PROPOSAL  APPLICATION FOR FUNDING** | | | | | | |
| 1. **LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE** | | **3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** | | | **4. a. PHONE NUMBER** | |
|  | |
| **b. FAX NUMBER** | |
|  | |
| **c. E-MAIL ADDRESS** | |
|  | |
| **2. ADDRESS** *(Give complete mailing address and Zip Code-including Country)* | | **5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** *(If different from Item 2.)* | | | | |
| **6. TITLE OF PROPOSED PROJECT (**85-character Maximum including spaces**)** | | | | | | |
| **7. APPROXIMATE PERIOD OF PROPOSED PROJECT DATES**  FY20: MAY 2020 – APRIL 2021  FY21: MAY 2021 – APRIL 2022 | 8. DURATION REQUESTED 24 MONTHS | | | **9. TOTAL FUNDS REQUESTED BY YEAR**  **Year 1** (FY20) **$:**  **Year 2** (FY21) **$:**  **IDC/F&A Rate %[[1]](#footnote-1)** | | |
| **10. PRINCIPAL INVESTIGATOR, CP LEADER AND CO-INVESTIGATOR(S)** | | | **11. a. PI’s PHONE NUMBER:** | | | |
| **a. Name of Principal Investigator (First, Middle Initial, Last)** | | | **b. FAX NUMBER:** | | | |
|  | | | **c. E-MAIL ADDRESS:** | | | |
| **b. Co-Investigator (First, Middle Initial, Last)** | | | **12. PI’s BUSINESS ADDRESS (Include Department/Zip Code)** | | | |
|  | | |
| **c. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **d. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **e. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **13. DESIGNATE WITH AN 'X' ONE RESEARCH AREA (RA) WHOSE DESCRIPTION AND PRIORITIES YOUR PROJECT IS DESIGNED TO ADDRESS.**  FHB Management (MGMT) \_\_\_\_  Food Safety and Toxicology (FST) \_\_\_\_  Gene Discovery and Engineering Resistance (GDER) \_\_\_\_  Pathogen Biology and Genetics (PBG) \_\_\_\_  None of the above or Other \_\_\_\_ | | | **14. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?**  [ ] No [ ] Yes *(If yes, list Agency acronym(s) & program(s) and fill in attached “Current and Pending” Form.)* | | | |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:** | | | | | | **DATE** |
| **SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE***:* | | | **TITLE** | | | **DATE** |

*Adobe digitally signed is accepted.*

1. IDC/F&A rate’ refers to Indirect Cost Rate or Facilities & Administration *(Not applicable for USDA-ARS PIs or PIs currently being funded under a Non-Assistance Cooperative Agreement (NACA)).* [↑](#footnote-ref-1)