**INSTRUCTIONS FOR USING COVER PAGE**

***For use at the PI’s institution only 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 form on page 2 when you submit your Proposed Research for internal processing. This is not a required component of the Pre-Proposal Research Project submission, and therefore should not be submitted as part of your USWBSI pre-proposal.

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| --- | --- | --- | --- | --- | --- | --- |
| **FY24 PROPOSED RESEARCH PROJECT 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 RESEARCH PROJECT (**85-character Maximum including spaces**)** | | | | | | |
| **7. APPROXIMATE PERIOD OF PROPOSED PROJECT DATES – Year 1 Only**  FY24: MAY 1, 2024 – APRIL 30, 2026 | 8. DURATION REQUESTED – YEAR 1 ONLY 12 MONTHS | | | **9. TOTAL FUNDS REQUESTED BY YEAR**  **Year 1** (FY24) **$:** | | |
| **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)** | | |
|  | | |
| **f. Co-Investigator (First, Middle Initial, Last)** | | |
|  | | |
| **13. DESIGNATE WITH AN 'X' IN FRONT OF THE RESEARCH CATEGORY FOR WHICH YOU ARE SUBMITTING THIS PRE-PROPOSAL. (Select only one.)** | | | | | | |
| \_\_\_\_\_ Barley (BAR)  \_\_\_\_\_ Durum (DUR)  \_\_\_\_\_ Hard Winter Wheat (HWW)  Variety Development & Host Resistance (VDHR)  \_\_\_\_\_\_ Spring Wheat Region (SPR)  \_\_\_\_\_\_ Northern Soft Winter Wheat (NWW)  \_\_\_\_\_\_ Southern Soft Red Winter Wheat (SWW) | | | \_\_\_\_\_\_FHB Management (MGMT)  \_\_\_\_\_\_Integrated Management Coordinated Project (IM-CP)  \_\_\_\_\_\_Food Safety and Toxicology (FST)  \_\_\_\_\_\_Gene Discovery and Engineering Resistance (GDER)  \_\_\_\_\_\_Pathogen Biology and Genetics (PBG)  \_\_\_\_\_\_Transformational Science (TSCI)  \_\_\_\_\_\_None of the above or Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:** | | | | | | **DATE** |
| **SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE***:* | | | **TITLE** | | | **DATE** |

*Adobe digitally signed is accepted.*