CINSAM Research Grant Proposal Cover Sheet

Proposal Title:			
Amount Requested:			
Project Director(s) (PD)	PD I (main contact)	PD II (if applicable)	PD III (if applicable)
Name:			
Email:			
Phone:			
Department:			
		Repeat as needed for add	ditional project directors.
Brief, non-technical summa	ary that may be used in publica	tions about CINSAM Grants	s (150-300 words):
Please indicate any other f	unding (ALL SOURCES including	g private, university, state, o	or federal).
proposals and referee repo	ived two or more years of CINS orts in the Proposal body. Also posed CINSAM work improves	include a brief (less than on	e page) narrative
	Department Chair(s) Sign	nature of Approval	
PD I's Chair S	ignature:	Date:	
PD II's Chair S	ignature:	Date:	
PD III's Chair S	ignature:	Date:	