

Request for Assistance for Proposal Preparation

PRINCIPAL INVESTIGATOR INFORMATION:

Name: _____ Phone: _____ Email: _____

Title: _____ Department: _____

CAMPUS ADMINISTRATIVE INFORMATION:

Contact Person (Administrative/Financial Manager): _____

Department: _____ Phone: _____ Email: _____

PROJECT AND SPONSOR INFORMATION:

Sponsor/Agency: _____

Program Announcement Website: _____ Announcement #: _____

Application Deadline: _____ Anticipated Start Date: _____

Proposed Title of the Project: _____

Anticipated Budget Total (total cost, including all years and F&A): _____

Anticipated Matching Funds Request (percent or dollar amount): _____

Key Project Participants:

<u>Name:</u>	<u>Department:</u>	<u>Phone:</u>	<u>Organization/Institution:</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please attach a one page description to this completed form and submit to:

Research Development Services
Proposal Support Center
MSC05 3180
1717 Roma NE
505/277-2256
Please call with any questions.

For Office Use Only:

RDS Log #: _____ Date: _____

03.27.06