

EUE-2010 GRANT PROPOSAL COVER PAGE

Proposal Number (For Council Use Only)

NAMES (TYPED)	Social Security No.	Telephone Number	Electronic Mail Address
PROJECT DIRECTOR NAME			
CO-PD			
Department (PD)		Box # (PD)	School/College (PD)
Department (CO-PD)		Box # (CO-PD)	School/College (CO-PD)

Course or Program to which grant will be applied	Proposal Duration		
	1 yr _____	2 yr _____	3 yr _____

If you are submitting more than one proposal, please assign a priority to this proposal. Priority Ranking: _____

FY 06 Budget Summary

Category	EUE Request	Cost Sharing*	Category	EUE Request	Cost Sharing*
Salaries	\$ _____	\$ _____	Contractual Services	\$ _____	\$ _____
Student Wages	\$ _____	\$ _____	Operation of Auto	\$ _____	\$ _____
Travel	\$ _____	\$ _____	Telecommunications	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	Awards & Grants	\$ _____	\$ _____
Commodities	\$ _____	\$ _____	TOTAL REQUESTED	\$ _____	\$ _____

* Cost sharing of 20 % is recommended for equipment requests in excess of \$5,000. Cost sharing in other categories is highly encouraged, and may be viewed as an indication of unit commitment to the proposed project.

Project Title: _____

Project Summary (No more than 300 words)

Project Director Signature	Date	Co-Project Director Signature	Date