

PROPOSAL TO

(insert agency name and mailing address)

Title: (insert project title)

Project Director: (insert project director name)

Project Period: (insert dates)

Amount Requested: (insert total amount)

Applicant Institution: Indiana University
Office of Research Administration
620 Union Drive, Room 518
Indianapolis, Indiana 46202-5167
(317) 278-3473

Financial Officer: Jean Mercer
Interim Director
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Individual Authorized to
Sign for the Institution:

John W. Talbott
Interim Assistant Vice President for Research
Administration
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