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| Cover SheetUniversity Proposal to State |
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| Proposal to: |  | Due date: |  |
|  | Submitted: |  |
|  |
| State agency contact: |  | Phone #: |  |
|  | Email: |  |
|  |
| Project title: |  |
| Funding amount: | $ |  |
| Project period: |  | to |  |  |
|  IT Activity/Component? | No |   | Yes |   | *Explain in coversheet addendum* |
|  |
| University PI: |  | Phone #: | 530- |
| University of California, Davis | Email: | @ucdavis.edu |
| Department of  |  |
| One Shields Ave. |
| Davis, CA 95616 |
|  |
| Authorized University Official: |  | Alternate contact: |  |
| 1850 Research Park Dr. | (530) 754-7700 |
| (530) 754- | awards@ucdavis.edu |
|  |  |
|  |
| *I certify that this proposal is compliant with the State & University Proposal and Administration Manual and that the Principal Investigator has approved the Scope of Work and Proposed Budget Estimate, which are compliant with University Policy.*  |
|  |  |
| Authorized Official Signature |
| Contracts and Grants Officer | Date:  |