|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cover Sheet  University Proposal to State | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | |