Proposal to:

Submitting Organization:

The Regents of the University of California Office of Research, Sponsored Programs 1850 Research Park Drive, Suite 300 University of California Davis, California 95618

Title of Proposed Research:

Total Amount Requested:		Proposed Duration:		Desired Starting Date:	
Principal I	nvestigator:	<u>Department:</u>		Phone Number:	
Checks M	ade Payable to:				
The Regents of the University of California					
Send Ched	cks to:		Send Award Notice to:		
Un PC	Cashier's Office University of California Davis PO BOX 989062 West Sacramento, California 95798-9062		Office of Research Sponsored Programs 1850 Research Park Drive University of California Davis, California 95618 (530) 754-7700 / FAX (530) 754-8229 vcresearch@ucdavis.edu		
Approvals	<u>:</u>				
Principal In	vestigator	Date	Department Chair	С	Date
Dean, Colle (if require	ege/School d)	Date	Other Endorsement (optional)	Ε	Date

Date

SRM 205A Rev. 1/7/2009 WE

Official Signing for Organization