



# PROPOSAL

PROJECT TITLE:

DATE:

FUNDING AGENCY:

Submitted by  
The University of Rhode Island

Total Amount Requested:

Proposed Start Date:

Duration of Project:

## Principal Investigator

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Dean

Name: \_\_\_\_\_

Signature \_\_\_\_\_

College: \_\_\_\_\_

## Authorized University Representative

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

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