



UNIVERSITY OF
RHODE ISLAND

PROPOSAL

PROJECT TITLE:

DATE:

AGENCY:

**Submitted by
The University of Rhode Island**

Total Amount Requested:

Proposed Starting Date:

Duration of Project:

Principal Investigator:

Name: _____ Signature: _____

Department: _____

Telephone: _____

Dean:

Name: _____ Signature: _____

College: _____

Authorized University Representative:

Name: _____ Signature: _____

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