#### PROPOSAL COVER PAGE

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| **Principal Investigator** |        |
| **Sponsor** |        |
| **originating sponsor*****(if applicable)*** |        |
| **Project Title** |        |
|  |
| **Proposed Project Period** |        |
| **Total Amount Requested** |  $       |
| **Direct Costs** |  $      |
| **F&A Costs** |  $      |

The appropriate programmatic and administrative personnel involved in this application are aware of the sponsoring agency policies and are prepared to establish the necessary agreements consistent with those policies. The University of Connecticut makes all applicable assurances/certifications and has implemented an active and enforced conflict of interest policy compliant with Federal requirements.

Please direct questions to the Office of the Vice President for Research, Sponsored Program Services at 860-486-3622 or preaward@uconn.edu

Thank you for your consideration. The University of Connecticut looks forward to working with you.

*Authorized Representative Signature:*

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|  |  |  |
| Name:      Title:       |  | Date |