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**GRANT DEVELOPMENT PROGRAM 2025**

**Cover Pages**

**Application Deadline: Tuesday, September 10, 2024, 5:00 p.m. Pacific time**

Applications received after the deadline will not be considered.

**ONE** copy of this **two-page** form must accompany each proposal. All information must be typed. This form must be included with the rest of the application materials in one single pdf file sent to [csucoast@csumb.edu](mailto:csucoast@csumb.edu).

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| --- | --- | --- | --- |
| **Project Title:** |  | | |
|  | | | |
| **Total Amount of Funding Requested from COAST:** | |  | |
|  | | | |
| **Number of CSU Campuses Involved:** | |  | |
|  | | | |
| **Check this box if you are requesting funding to revise an existing proposal for external support. See section 6.6 of the RFP for required materials.** | | |  |

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| --- | --- | --- | --- | --- |
| **Lead Principal Investigator** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 1** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 2** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |
|  | | | | |
| **Co-Principal Investigator 3** | | | | |
| Name: |  |  | Campus: |  |
| Department: |  |  | Email: |  |
| Phone: |  |  |  |  |

Cut and paste rows above to add additional Co-PIs

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| --- | --- | --- | --- | --- |
| **Targeted Funding Agency Information**  Please copy and complete this section again if you plan to target more than one funding agency. | | | | |
| Proposed Extramural Funding Agency: | |  | Solicitation or Program: | |
|  |  |  |  |  |
| Expected Submission Date: | |  | Project Duration (Include Start & End Dates): | |
|  |  |  |  |  |
| Estimated Funding Amount to be Requested: | |  |  | |
|  |  |  |  | |

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| **Grants Office Personnel Submitting Application on Behalf of Lead PI** | | | | | |
| Name: | |  | | Campus: | |
|  |  |  | |  |  |
| Title: | |  | | Grants Office URL: | |
|  |  |  | |  |  |
| Phone: | | | Email: | | |
|  |  |  | |  |  |

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| **Three Suggested Reviewers (required; must be from the CSU)** | | | |
| Name: |  |  |  |
| Campus: |  |  |  |
| Department: |  |  |  |
| Email: |  |  |  |