

Vice Chancellor's Office

OFFICE OF RESEARCH, University of California, Davis



Deliver/mail this form to: College of Letters and Science – Dean's office
Attention: Kathleen Harbaugh
<http://research.ucdavis.edu/forms>

Office of Research *Internal* Research Funding Programs

INSTRUCTIONS: Submit this form with additional required letters as necessary to the Office of Research.

PRINCIPAL INVESTIGATOR AND CAMPUS ADMINISTRATIVE INFORMATION:

Name: _____ Title: _____ E-mail: _____ Phone: _____

PRINCIPAL INVESTIGATOR

Name: _____ Title: _____ E-mail: _____ Phone: _____

CO-PRINCIPAL INVESTIGATOR

Name: _____ Title: _____ E-mail: _____ Phone: _____

CO-PRINCIPAL INVESTIGATOR

Administrative Unit: _____ Contact name: _____

E-mail: _____ Telephone: _____

School/College: _____

Administrative Unit: _____ Contact name: _____

E-mail: _____ Telephone: _____

School/College: _____

PROJECT INFORMATION: (Complete all applicable fields for specific funding program)

Title of project: _____

Total amount of project: \$ _____ Published mandatory cost sharing %: _____ Mandatory cost sharing: \$ _____

FUNDING PROGRAM REQUESTED: (Please check one. See description and guidelines)

Matching Funds Program

Equipment Match Cost Sharing

Proposal Preparation

Multidisciplinary Proposal Support Basic Research Grants

Principal Investigator Bridge Program Intellectual Property Grant Program Publication Assistance Fund

Stem Cell Seed Grant

PLEASE NOTE: Additional internal research funding programs are administered by the Committee on Research

http://www.mrak.ucdavis.edu/senate/committee_cor.htm

COST SHARING TO BE PROVIDED BY OTHERS: (When applicable)

School/College \$: _____ In-kind or contributed effort: (specify) _____

ORU \$: _____ In-kind or contributed effort: (specify) _____

Third Party \$: _____ In-kind or contributed effort: (specify) _____

Other \$: _____ Explain: _____

If cost sharing is to be provided by School/College, ORU, or third parties must provide a letter of support.

COMPLETE IF REQUESTING MATCHING FUNDS:

PROJECT AND SPONSOR INFORMATION: (Complete all applicable fields for specific funding program)

Sponsor/Agency: _____

Program Announcement or RFP solicitation name and #: _____

Date due to sponsor: _____ Anticipated project begin date: _____

Duration of time funding is required: _____

If funding is requested for renovation of an existing facility or a new facility check here

Project Summary/Justification: (See specific program guidelines for additional required information)

List of equipment and cost: (Required for Equipment Match)

Department fund source: General Funds – HACGEXD

Dean's Office fund source (if applicable): _____

Please contact Jessie Catacutan at (530) 752-9149 for funding source questions.

SIGNATURES OF APPROVAL

Principal Investigator: _____ Date: _____

Department Chair: _____ Date: _____

Dean: Jessie Ann Owens Date: _____

Vice Chancellor – Research: _____ Date: _____