

Cultivar Development Research Program Cover Sheet

TITLE _____

PROPOSER(S) _____

DEPARTMENT(S) _____ PHONE _____

CAMPUS ADDRESS _____ CITY, STATE, ZIP _____

Summary of Research Grant Budget

	Requested	Awarded
Salaries:	\$ _____	\$ _____
Staff Benefits:	_____	_____
General Expense:	_____	_____
Equipment:	_____	_____
TOTALS:	\$ _____	\$ _____

Department Endorsement

DEPARTMENT HEAD(S) SIGNATURES _____ DATE _____

_____ DATE _____

_____ DATE _____

_____ DATE _____

College Approval

DEAN OR DIRECTOR SIGNATURE _____ DATE _____

Compliance Information

Animal Use? Yes No
Biohazardous Research? Yes No

Approval must be attained before funds will be released.

Proposer's Signature(s)

I agree that, if this grant is approved, I will fulfill all requirements set forth in the Cultivar Development Research Program Guidelines.

PRINCIPAL INVESTIGATOR _____ DATE _____

_____ DATE _____

PRINCIPAL INVESTIGATOR _____ DATE _____

_____ DATE _____

PRINCIPAL INVESTIGATOR _____ DATE _____

PRINCIPAL INVESTIGATOR _____ DATE _____

BREEDER'S/SELECTOR'S SIGNATURE _____ DATE _____

_____ DATE _____



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Office of Research
UNIVERSITY OF GEORGIA