# Proposal Cover Sheet

|  |  |
| --- | --- |
| Project Title |  |
| Principal Investigator Name |  |
| Position/Title |  |
| Department |  |
| Institution Name |  |
| Street |  |
| City, State, Zip Code |  |
| Country |  |
| Email |  |
| Phone |  |
| Country(ies) where work will be conducted |  |
| Pathogen(s) focus |  |
| Co-Principal Investigator Name (*If applicable*) |  |
| Position/Title |  |
| Department |  |
| Institution Name |  |
| Street |  |
| City, State, Zip Code |  |
| Country |  |
| Email |  |
| Phone |  |

|  |
| --- |
| Contact information for institution(s) that would financially manage the award *(please note: changing the managing institution upon award may result in substantial funding delays)* |
| Contractual Contact, Title |  |
| Institution Name |  |
| Street |  |
| City, State, Zip Code |  |
| Country |  |
| Email |  |
| Phone |  |
| *For Co-Principal Investigator (If applicable):* |
| Contractual Contact, Title |  |
| Institution Name |  |
| Street |  |
| City, State, Zip Code |  |
| Country |  |
| Email |  |
| Phone |  |

|  |  |
| --- | --- |
| Name of Mentor | *Repeat this table if more than one mentor* |
| Mentor Institution  |  |
| Institution Address  |  |
| Permanent location of Mentor |  |
| Mentor email  |  |
| Mentor phone |  |
| Research Center Affiliation |  |

|  |  |
| --- | --- |
| Total Budget | *Repeat this table if there are two Co-PIs* |
| Direct Costs |  |
| Indirect Costs |  |
| Proposed Start Date |  |
| Proposed End Date |  |

|  |
| --- |
| Project Abstract (250 words) |
|  |