

INSTRUCTIONAL PROPOSAL COVER SHEET

Proposal Submitted to: _____

By: The University of Georgia
621 Boyd Graduate Studies Research Center
Athens, Georgia 30602-7411

Title: _____

Project Director

Name: _____

Rank/Title: _____

Department: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Amount: _____ Effective Date: _____ End Date: _____

Make Award to: The University of Georgia Congressional District Number 10 IRS Identification Number 58-6001998

Endorsements

Principal Investigator Date

Institutional Administrative Official Date

The University of Georgia
Phone: (706) 542-5939

<i>For contract negotiations, notification of award, or copies of correspondence, contact Sponsored Programs at (706)542-5939</i>
