

Today's Date: _____



Elson S. Floyd
College of Medicine

WASHINGTON STATE UNIVERSITY

INTENT TO SUBMIT A GRANT PROPOSAL FORM

Completion of this form is requested of all faculty members planning to prepare a grant. Please submit this form to medicine.grants@wsu.edu 30 days prior to agency due date.

Principal Investigator Information: *(fields in red are required)*

Name: _____

Email: _____

Department: _____

Additional Senior/Key Personnel: _____

Application Guidelines:

Website (provide link): _____

Sponsor/Program: _____

Agency Due Date: _____

Project Title: _____

Project Start Date: _____

Project End Date: _____

Abstract:

Are other institutions involved? No Yes

Name Subcontract Institution or Agency:

1) _____

2) _____

3) _____

(Submit to medicine.grants@wsu.edu)