

GRANT PROPOSAL FORM
Department of Health Education & Behavior
College of Health and Human Performance
University of Florida

PI Name: _____ UFID: _____

Are you the lead PI ? Yes No

Sponsor: _____

FOA (e.g.RFA/PA or RFP): _____
(include the web link) _____

Project Title (tentative): _____

Submission Due Date [mm/dd/yy]: _____

NO Will your application likely involve other investigators within our Department or
YES College? If "YES" who: _____

NO Will your application likely involve investigators from other UF units?
YES If "YES" which: _____

NO Will your application likely involve investigators from units external to UF?
YES If "YES" which: _____

Is there required cost sharing? Yes No

SUBMIT