



Proposal Number: _____

California Sea Grant College Program

MAIL ORIGINAL AND 1 COPY TO:
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CALIFORNIA SEA GRANT COLLEGE PROGRAM
UNIVERSITY OF CALIFORNIA
9500 GILMAN DRIVE DEPT 0232
LA JOLLA, CA 92093-0232

NEW FULL PROPOSAL - TITLE PAGE

PROJECT TITLE

FINANCIAL SUMMARY

	Year 1	Year 2	Year 3	Total
Federal Funds:				\$ -
Matching Funds:				\$ -
Number of Trainees:				
Duration:	_____			
Proposed Start/Completion Dates:	2/1/_____			

APPROVAL SIGNATURES

PROJECT LEADER:

CO-PROJECT LEADER:

 Name: _____
 Position/Title: _____
 Department: _____
 Institution: _____
 Address: _____
 City, State & Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 % of Time: _____
 Signature: _____

 Name: _____
 Position/Title: _____
 Department: _____
 Institution: _____
 Address: _____
 City, State & Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 % of Time: _____
 Signature: _____

INSTITUTIONAL REPRESENTATIVE:

Name: _____
 Position/Title: _____
 Department: _____
 Institution: _____
 Address: _____
 City, State & Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 Signature: _____

Will animal subjects be used?

Yes

No

APPROVAL DATE: _____

PROTOCOL #: _____

PENDING: _____

Does this application involve any recombinant DNA technology or research?

 Yes No