

THE UNIVERSITY OF LOUISIANA AT MONROE
GRANT/CONTRACT PROPOSAL
School of Pharmacy Internal Review Form

Must be submitted at least **one week** prior to Funding Agency Deadline if no matching funds requested
Must be submitted at least **two weeks** prior to Funding Agency Deadline if matching funds are requested

Project Title: _____

Project Director(s): _____

Funding Agency: _____

Total Requested from Agency: _____ Indirect Costs Available to ULM: _____

Total Matching Funds Requested: _____ Rate: _____

Total in-Kind: _____ Total Cash: _____

Source of In-Kind Match: _____

Source of Cash Match: _____

Percent Time Commitment: _____ Overload Buyout Summer Other: _____

Type of Grant: Primarily Research Education Service Other: _____

Submission Deadline to Agency: _____ Name: _____

To Be Submitted to Agency by PI GSR GSR GSR Address: _____

Mail

Number of Copies: Original Signatures: _____

Total: _____ City: _____ State: _____ Zip: _____

Approval Signature

Date:

Project Director: _____

Department Head: _____

SOP Director of Graduate
Studies and Research: _____

Dean of School: _____

Director, Office of
Sponsored Programs &
Research _____