**PROPOSAL TO**

Name of institution receiving the proposal

**Title:** “Proposal Title”

**Project Director:** Name

 Title

 Department

 Email

 Phone

**Amount Requested:** $xxx,xxx

**Project Dates:** xx/xx/xxxx – xx/xx/xxxx

**Legal Applicant:** Trustees of Indiana University

 Office for Research Administration

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 Bloomington, IN 47401-3654

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 Email: iuaward@iu.edu

**UEI:** YH86RTW2YVJ4

**EIN:** 35-600-1673

**Fiscal Officer:** James P. Becker

 Executive Director, Grant Administration

**Payment Address:** Indiana University

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 Detroit, MI 48278-0867

**Authorizing Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Steven Allen Martin

 Associate Vice President for Research Administration

 Indiana University