

### Pre-Proposal Cover Sheet

Proposal  
Title:

**Principal Investigator (only one name):**

Title First MI Last	Phone Number (incl. Area Code)	
Department/Division	Fax Number (incl. Area Code)	
University	E-mail Address	
Street Address		
City	State	Zip Code

**Other Key Personnel (if any):** If required, attach additional sheets.

Title First MI Last	Phone Number
Department/Division	Fax Number
University	E-mail Address
Title First MI Last	Phone Number
Department/Division	Fax Number
University	E-mail Address
Title First MI Last	Phone Number
Department/Division	Fax Number
University	E-mail Address

### DoD Interaction and Interest

Proposal  
Title:

**Principal Investigator:**

\_\_\_\_\_

Title First MI Last

**Program Manager Visits:** List specific program manager visits made in the past 24 months. Use additional pages if necessary.

Date(s): \_\_\_\_\_

Locations(s): \_\_\_\_\_

Name(s) and Title(s) of Individual(s) Visited:

Date(s): \_\_\_\_\_

Locations(s): \_\_\_\_\_

Name(s) and Title(s) of Individual(s) Visited:

Date(s): \_\_\_\_\_

Locations(s): \_\_\_\_\_

Name(s) and Title(s) of Individual(s) Visited:

Date(s): \_\_\_\_\_

Locations(s): \_\_\_\_\_

Name(s) and Title(s) of Individual(s) Visited:

**DoD Interaction and Interest**

**Narrative of DoD Interaction and Interest:** Use this page and up to one additional page for a narrative describing your interaction with DoD, explaining how you have used that interaction to develop a pre-proposal that addresses DoD needs and interests, and providing justification that DoD is likely to fund your proposal (single-spaced, a minimum font of 10, 1 inch margins minimum). In addition, you may attach up to five pages of additional exhibits to this form to support your narrative (e.g., letters of support from DoD, copies of e-mail messages, etc.).

A large, empty rectangular box with a thin black border, occupying the majority of the page below the instructions. It is intended for the user to write their narrative of DoD interaction and interest.

### EPSCoR Justification

Proposal  
Title:

**Principal Investigator:**

\_\_\_\_\_ Title First MI Last

Use this page and up to one additional page for a narrative describing how your proposed research program and the proposed funding will advance research infrastructure in Kansas and otherwise support the goals of the EPSCoR program (single-spaced, a minimum font of 10, 1 inch margins minimum).

### Current and Pending Support

**Principal Investigator:** \_\_\_\_\_  
Title First MI Last

Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> Transfer <small>(x) (x) (x) (x)</small>
Project/Proposal Title _____
Amount _____ Dates: From _____ to _____
Location of Project: _____
Person Months Per Year Committed to Project      CY _____ AY _____ Su _____
Check here if DESPCoR project <input type="checkbox"/> Check here if other EPSCoR program <input type="checkbox"/> <small>(x) (x)</small>

Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> Transfer <small>(x) (x) (x) (x)</small>
Project/Proposal Title _____
Amount _____ Dates: From _____ to _____
Location of Project: _____
Person Months Per Year Committed to Project      CY _____ AY _____ Su _____
Check here if DESPCoR project <input type="checkbox"/> Check here if other EPSCoR program <input type="checkbox"/> <small>(x) (x)</small>

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Form D (cont)

Support:  Current  Pending  Submission Planned  Transfer  
(x) (x) (x) in Near Future (x)

Project/Proposal  
Title \_\_\_\_\_

Amount \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Location of Project: \_\_\_\_\_

Person Months Per Year  
Committed to Project CY \_\_\_\_\_ AY \_\_\_\_\_ Su \_\_\_\_\_

Check here if DESPCoR project  Check here if other EPSCoR program   
(x) (x)

Support:  Current  Pending  Submission Planned  Transfer  
(x) (x) (x) in Near Future (x)

Project/Proposal  
Title \_\_\_\_\_

Amount \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Location of Project: \_\_\_\_\_

Person Months Per Year  
Committed to Project CY \_\_\_\_\_ AY \_\_\_\_\_ Su \_\_\_\_\_

Check here if DESPCoR project  Check here if other EPSCoR program   
(x) (x)

Support:  Current  Pending  Submission Planned  Transfer  
(x) (x) (x) in Near Future (x)

Project/Proposal  
Title \_\_\_\_\_

Amount \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Location of Project: \_\_\_\_\_

Person Months Per Year  
Committed to Project CY \_\_\_\_\_ AY \_\_\_\_\_ Su \_\_\_\_\_

Check here if DESPCoR project  Check here if other EPSCoR program   
(x) (x)

Preliminary Budget Estimate

Proposal Title: [ ]

Principal Investigator: \_\_\_\_\_  
Title First MI Last

Please provide estimates for the following items (direct cost only). Note that estimates are not requested for all budget items and, thus, the total cost is likely to be more than the sum of the individual items. The estimates are to include funds you anticipate requesting from DoD and the State of Kansas (KTEC) but should not include university or other matching.

Faculty Salaries: \$ \_\_\_\_\_

(List faculty members receiving salary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduate Students and Postdoctoral Fellows: \$ \_\_\_\_\_

Other Salary and Wages \$ \_\_\_\_\_

Total Equipment Cost \$ \_\_\_\_\_

(Itemize major items) \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Sub-awards \$ \_\_\_\_\_

Consultants \$ \_\_\_\_\_

Estimated total direct cost for proposed project \$ \_\_\_\_\_