JHU

Department of Computer Science Proposal Notification Form

This form must be completed and returned at minimum three weeks prior to all grant submissions.

Institution: Admin:Admin E-mail:	Project Information					
Project Start Date: Amount: Activity Purpose (Select One): Research Activity Conference/Workshop Equipment Training Pre-/Clinical Trial Study Fellowship Other Sponsored Program JHU Principal Investigator (PI) Information Name: Email: Title: Dept: Office Phone: Cell Phone: Level of Effort per year: Sponsor Information Sponsor Name: Solicitation # (federal): Solicitation URL: If this is a sub-award, name the original source of funds: Budget Notes for Analyst i(i Other Grant Personnel/Key Persons Name: E-mail: Institution: Admin: Admin E-mail: Institution: Co-PI Co-Investigator Collaborator Consultant GRA Other Name: E-mail: Institution: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Consultant GRA Other Name: Dept: Institution: Admin: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Consultant GRA Other Name: Dept: Institution: Admin: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Consultant GRA Other Name: Dept: Institution: Admin: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Other Name: Dept: Institution: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Other Name: Dept: Institution: Admin E-mail: Role (select one): Co-PI Co-Investigator Collaborator Collaborator Other	Deadline Date	:		Deadline Time:		
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