

JHU

Department of Computer Science Proposal Notification Form

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

Project Information		
Deadline Date:	Deadline Time:	
Project Title:		
Project Start Date:	Project End Date:	Amount:
Activity Purpose (Select One):		
Research Activity	Construction	
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: _____		
Role (select one):		
Co-PI	Co-Investigator	Collaborator
Consultant	GRA	Other
Name: _____ E-mail: _____		
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