

COPY THIS PAGE AND ATTACH AS INSTRUCTED

For Review Board Use Only Proposal # _____

The Advanced PRRS Research Award Proposal Cover Page

(MUST BE ATTACHED TO THE FRONT OF EVERY PROPOSAL COPY)

Project Title: _____

Funding Amount: \$25,000

Project Duration: 12 Months

Principle Investigator/Project Leader: _____

Title _____ Organization _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Contracts/Grants Administrator (if applicable): _____

Title _____ Organization _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

If Funded:

The contract would be between Boehringer Ingelheim Vetmedica, Inc. and:

Certification:

To be signed and dated by the Principle Investigator, Department Head and the Contracts/Grants Official (if applicable*)

Applicant _____ Date _____

Department Head _____ Date _____

Contracts/Grants _____ Date _____

*Please note limitations (i.e. Budget for Project).

