

CONSOLIDATED CENTRAL VALLEY TABLE GRAPE PEST AND DISEASE CONTROL DISTRICT

RESEARCH PROPOSAL FORMAT

Proposal text should not exceed 8 pages. However, this limit does not include the budget support summary, budget page, and literature cited. Please use Times New Roman, 12 point. Create the proposal with 1 inch margins left, right, and top and 1.5 inch margin at the bottom with pages numbered at the bottom. Include the requested details:

Project Title:

Principal Investigator(s) (PI):

Indicate the contact PI for correspondence and questions. Include institutional affiliation, address, phone number, and email address.

Cooperator(s):

Indicate the roles of each cooperator, and ensure they are aware of their proposed participation.

Objective(s) of Proposed Research:

Point by point, logically arrange and prioritize the objectives.

Justification and Importance of Proposed Research:

Describe the previous work that has been done to date and the importance of the proposed research to the table grape industry.

Procedures to Accomplish Objective(s):

For each objective, discuss the experimental procedures you propose to employ. Be specific enough to discuss plot design, anticipated statistical analysis, methods used in the experiment and parameters of data collection.

Timetable for Project:

Develop a timetable showing when the research to accomplish objectives will be initiated and completed.

Present Outlook and Estimated Success in Accomplishing Objective(s):

Budget Support Summary by Objective(s):

It is important to prepare a sufficiently detailed budget. Also, list other agencies, along with the amount requested for each objective, to which this proposal, or one or more of the objectives, have been submitted for funding.

Total Budget Request:

Please prepare a budget which reflects your needs each year for the length of the proposed project - up to three years. Although funding is granted on a year-to-year basis, continuation of projects must be justified annually.

Prepare a budget page using the following format:

	% of Time On Project	Request Year One	Projected Year Two	Projected Year 3
Personnel				
Professional				
SRA/Tech				
Lab Assistant				
Other				
Employee Benefits				
Supplies and Expenses				
Items and Cost				
Equipment (itemize when cost >\$1,000)				
Items/Cost/Justification*				
Travel				
Trips/Purpose/Costs				
Computer Time				
Overhead (where appropriate)				
Indirect Costs**				
TOTAL REQUEST				

(*Be specific in terms of actual hours per day or week of estimated use.)

(**Indirect Costs: Indirect Costs cannot be covered by the District)

Literature Cited:

Include pertinent reference

Approval by:

Signature of the department chair or other person who reviews your research funding.