

UNIVERSITY OF ALASKA SOUTHEAST
Forest Products Program - Supervised Research Projects
Application for Funding - Cover Sheet

Project Title:

| | | |
|-----------------------------|--|---|
| | | mm/dd/yyyy |
| Amount Required: | <input style="width: 90%;" type="text"/> | Effective Date of Project |
| | | From: <input style="width: 100%;" type="text"/> |
| | | To: <input style="width: 100%;" type="text"/> |
| Name of Organization | Mailing Address | |
| | | Phone: <input style="width: 100%;" type="text"/> |
| | | Fax: <input style="width: 100%;" type="text"/> |
| | | Email: <input style="width: 100%;" type="text"/> |
| | | |

Type of Organization:

| | | |
|---|------------------------|---|
| Contact Person/Grant Administrator | Mailing Address | |
| | | Phone: <input style="width: 100%;" type="text"/> |
| | | Fax: <input style="width: 100%;" type="text"/> |
| | | Email: <input style="width: 100%;" type="text"/> |
| | | |

| | | |
|--|-------------------------------------|--|
| Principal Investigator/Project Director | Investigator Mailing Address | |
| | | Phone <input style="width: 100%;" type="text"/> |
| | | Fax <input style="width: 100%;" type="text"/> |
| | | Email <input style="width: 100%;" type="text"/> |
| | | |

Additional Investigators (names and addresses)

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| |

Authorized Signatures

| | | |
|--|--|--------------|
| | | |
| Principal Investigator/Project Director | Authorized Organization Officer | Title |
| | | |
| Date | Date | |