ENHANCE – Preliminary Proposal Program Cover Sheet

Please Return Completed Application to the Proposal Manager assigned to the applicant's unit

Name (Project Director)	Department	Email
Name (Project Co-Director)	Department	Email
Name (Project Co-Director)	Department	Email
Name (Project Co-Director)	Department	Email

Targeted Grant Program (include rfp deadline):	Total Anticipated Request:
Program Officer (Name/Contact Information):	Anticipated Modified Total Direct Costs (MTDC):

SIGNATURES:

Project Director (date)	Chair (date)	Dean (date)
Project Co-Director (date)	Chair (date)	Dean (date)
Project Co-Director (date)	Chair (date)	Dean (date)
Project Co-Director (date)	Chair (date)	Dean (date)