



Global Initiatives Fund Cover Sheet

A fully completed cover sheet (including all sign	natures) must accompany each copy of the application.
Project Leader:	
Email address:	Phone Number:
Academic Rank:	
Department:	School:
Campus Address:	Mail Code:
Business Administrator:	BA Email:
BA Phone:	Amount Requested:
Title of Proposal:	
Does the project involve the use of any of the fol	llowing:
Yes No Human Subjects	
Yes No Animals	
Yes No Radioactive Material/Radiation P	
Yes No Investigational new drugs or new	
Yes No Potentially infectious agents, inclu	ıding human blood or tissue
Yes No Carcinogens	
Yes No In vitro formation of recombinant	t DNA
ALL PROJECT LEADERS MUST HAVE A 26	6 DIGIT BUDGET CODE TO ACCESS AWARD FUNDS
SIGNATURES:	
Project Leader:	Date
Department Chair:	Date
Dean:	Date