



CONTACT INFORMATION

Principal Investigator: _____

Institution: _____

Department: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

PROPOSAL INFORMATION

Proposal Title: _____

Starting Date: _____ Duration: _____

FUNDS REQUESTED

Salary (including fringe benefits at _____ %) \$ _____

Other Costs (e.g., materials, computer/instrument time) \$ _____

Indirect Costs (at ICR _____ %) \$ _____

Travel expenses (travel, per diem; administered by USSSP) \$ _____

Total Pre-Drilling Activity proposal budget \$ _____

Pre-Drilling Activity Budget *minus any travel expenses* \$ _____

REQUIRED APPROVALS

Principal Investigator

Authorized Institutional Representative

Name

Name

Signature

Signature

Title

Title

Date

Tel

Date

Tel

Instructions: This cover sheet must be completed and uploaded along with your proposal materials to the USSSP Application Portal (<https://ussciencesupport.fluidreview.com/>).