

eCAF Questionnaire

(for internal use only)

Proposal Type: New Renewal Supplement

Link to Solicitation: _____

PI Name: _____	AY %Effort: _____
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Co-PI Name(s): _____	AY %Effort(s): _____
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Consultant Contact Information:

_____	_____	_____	_____	_____
<i>(name)</i>	<i>(title)</i>	<i>(institution)</i>	<i>(phone)</i>	<i>(email)</i>

Subcontract and Sponsored Projects Office Contact:

_____	_____	_____	_____	_____
<i>(name)</i>	<i>(title)</i>	<i>(institution)</i>	<i>(phone)</i>	<i>(email)</i>

Amount of Subcontract: _____

Project Title: _____

Project Period: _____ - _____	Proposal Nature: _____
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Sponsor: _____	Sponsor Due Date: _____
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Type of Project: _____	Site of Majority Work: _____
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Proposal Submission Type: _____

Is additional space required to conduct this project?	Yes	No
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Are alterations/renovations of facilities required to conduct this project?	Yes	No
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Is teaching release time required for this project?	Dates:	-
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Is the submission of a Facility Safety Plan required?	Yes	No
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Do you anticipate any cost-sharing/matching/in-kind on this project?

Fiscal Year	Type	Source Type	Amount (\$)	Fund Source
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Budget & Budget Justification (Tentative):

Abstract: