



COLD CLIMATE HOUSING RESEARCH CENTER

CCHRC

a. Project Title:

Project Type: Knowledge Development Technology Development

CCHRC Project #:

Technical Area:

b. Project Description

Provide a brief, simple description of the project:

c. Funding Sought

Indicate the total funds you will need from CCHRC for this project:

\$ _____

Indicate the total cost of this project:

\$ _____

d. Project Manager – designate a **single** individual. All communications regarding this preproposal will be directed to this person.

Name: _____

Phone: () _____ Fax: () _____

Affiliated Organization/
Business Name: _____

Position/Title: _____

Phone: () _____ Fax: () _____

Address:

e-mail address:

e. Coapplicant – attach additional pages if needed to describe more than one coapplicant

Name: _____

Organization/
Business Name: _____

Position/Title: _____

Phone: () _____ Fax: () _____

Address:

e-mail address:

If you want the coapplicant(s) to remain confidential, then attach a separate sheet with a justification for your request.

f. Coinvestor – add additional pages if needed to describe more than one coinvestor.

Name: _____

Organization/
Business Name: _____

Position/Title: _____

Phone: () _____ Fax: () _____

Address:

e-mail address

Attach copies of letters of endorsement or agreements from coinvestor(s) in this proposed project if available at this time.

g. Request and justification for confidentiality – attach additional pages if necessary. Identify the specific sections of your proposal, either content or outcome, or both, that your request be granted confidentiality. Provide a justification for each section.

Project Manager's Signature: _____ **Date:** _____

Information given on this form is considered public information and is subject to disclosure.