



COLD CLIMATE HOUSING RESEARCH CENTER

CCHRC

a. Project Title: _____ b. CCHRC Project # _____

c. Project Description

d. Funding Sought

Provide a brief, simple description of the project:

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

\$ _____

Indicate the total cost of this project:

\$ _____

e. Project Term

_____/months

f. Project Success

Provide a brief description of the anticipated successful outcome of this project:

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

Name: _____

Address:

Phone: () _____ Fax: () _____

Affiliated Organization/

Business Name: _____

Position/Title: _____

Phone: () _____ Fax: () _____

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

i. Project Manager Certification: To the best of my knowledge, after thorough investigation, this proposal is true, complete, and discloses all material information.

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

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

CCHRC Internet Web Site: <http://www.cchrc.org>

515 7th Avenue, suite 340, Fairbanks, AK 99701 Phone: (907)457-3454 Fax: (907)457-3456