**PVAMU - ORISP**

**Faculty Research Development Grant Program**

**FY2018**

**COVER PAGE**

**Title of Research Project:**

**PI:**

Department/Center:

Phone:

Email:

**Co-Investigators:**

*Name Department/Center Email*

**This project involves the following:**

[ ] Human Subjects

[ ] Animals

[ ] Biohazards

[ ] Other:

**Total Amount Requested: $**

**Principal Investigator Date**

**Department Head/Center Director:**

Name of Department/Center:

Phone:

Email:

**Department Head/Center Director Date**