

Application Cover Sheet

Grant Applicant

Name of University (“Grant Applicant”):

Is the university a public university in the State of California? Yes No

University Contact Person

Name: Title:

Address:

Phone: Email:

Principal Investigator (PI)

Name: Title:

Phone: Email:

Proposed Research Project

Project Title:

Project Summary (Brief, 2-3 sentence, description of the proposed project):

Total Amount of Funding Requested*:

Term of Proposed Project*:

**Note: If more than \$2 million or a two-year term is requested, the applicant must complete the “Special Requests” section below.*



Briefly describe how this project would advance knowledge of cannabis **and**/or impacts of legalization.

Application Checklist

Mark the boxes below to affirm that you have included all required application components with your submission.

Attachment A: Scope of Work (DCC-2618)

Attachment B: Deliverables and Data Usage (DCC-2619)

Attachment C: Key Personnel (DCC-2620)

Attachment D: Budget (DCC-2621)

Institutional Cover Letter, signed by the University's Authorized Official



Special Requests (If Applicable)

If you are submitting a proposal for more than \$2 million in funding, fill out Section A. If you are submitting a proposal for a project lasting longer than 2 years, please fill out Section B.

Section A. Justification for Increased Funding

Describe why the proposed project will require more than \$2 million and why it cannot be completed for less than \$2 million.

Section B. Justification for Increased Project Term

Describe why the proposed project will require more than two years and why it cannot be completed in two years or less.

