State of California, Department of Cannabis Control, Cannabis Academic Research Grant

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) Title: Name: Email: Phone:

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.

Exhibit A: Scope of Work

Exhibit A1: Deliverables

Exhibit A2: Key Personnel

Exhibit A5: Resume/Biosketch

Exhibit A6: Current and Pending Support

Exhibit B: Budget

Exhibit B1: Budget Justification

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.