## UNIVERSITY PROPOSAL TO STATE: COVER SHEET

Proposal to: (Name of State of California Agency)			Submittal date:
State Agency	Name:		-
Contact:	Title:		
	State Agency Name:		
	Address:		
	Telephone:		
	Email:		
Project Title:			
Funding Amount:	\$		
Project Period:	Start date:	to	End date:
UC Berkeley PI:	Name:		
	Title:		
	Department:		
	Address:		
	Telephone:		
	Email:		
Authorized	Angela R. Ford		
University Official:	Associate Director, Sponsored Projects O	ffice	9
	University of California, Berkeley		
	1608 Fourth Street, Suite 220 Mail Code 5940		
	Berkeley CA, 94710-1749		
	Telephone: (510) 642-8117		
	Email: spoawards@berkeley.edu		
Should this proposal be selected for funding, issue contract documents using the Model Language for Contracts with the University of California and California State Universities as directed by the California Department of General Services and available at: http://www.dgs.ca.gov/ols/Resources/ModelContractLanguageUniversities.aspx			
I certify that this proposal is compliant with the State & University Proposal and Administration Manual and that the Principal Investigator has approved the Scope of Work and Proposed Budget Estimate, which are compliant with University Policy.			
Authorized Official Signature			
Name:			Date:
Title: Contract and G	rant Officer, Sponsored Projects Office		