

**2007-08 UNIVERSITY OF CALIFORNIA MICRO PROGRAM
PROPOSAL COVER SHEET**

NEW PROJECT **CONTINUATION PROJECT** **PRIOR YEARS' MICRO ID #:** 06-_____ 05-_____

PROJECT TITLE: _____

AREA (CHECK ONE BOX ONLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> Coding and Modulation | <input type="checkbox"/> Circuit Design Simulation | <input type="checkbox"/> Software |
| <input type="checkbox"/> Electronic Devices | <input type="checkbox"/> Signal Processing | <input type="checkbox"/> Computer Science |
| <input type="checkbox"/> Optoelectronics | <input type="checkbox"/> CAD/CAM | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Materials and Processing | <input type="checkbox"/> Networking | <input type="checkbox"/> Hardware/Software Collaboration |
| <input type="checkbox"/> Micro Mechanical Devices | <input type="checkbox"/> Computer Systems & Architecture | <input type="checkbox"/> Internet Computing |

PRINCIPAL INVESTIGATOR: _____

Professor Assistant Professor Associate Professor

% Responsibility on this project: _____

Address _____

Tel: _____

Fax: _____

E-mail: _____

Co-PI 1:

% Responsibility on this project: _____

Co-PI 2:

% Responsibility on this project: _____

Co-PI 3:

% Responsibility on this project: _____

HAS THIS PROJECT BEEN SUBMITTED TO ANY OTHER IUCR PROGRAM FOR FUNDING? Yes No

NUMBER OF GRADUATE STUDENTS SUPPORTED ON THIS PROJECT: # @ 50% OR MORE _____ # @ 49% OR LESS _____

DEPARTMENT GRANT COORDINATOR: _____ Tel: _____ E-mail: _____

COOPERATING COMPANIES: (List all companies here; if more than two, use separate sheet for addresses):

Company: _____

Technical Liaison: _____

Financial Liaison: _____

Address: _____

Tel: _____

Fax: _____

E-mail: _____

Company: _____

Technical Liaison: _____

Financial Liaison: _____

Address: _____

Tel: _____

Fax: _____

E-Mail: _____

BUDGET SUMMARY:

Industry Cash: _____

Industry Non-Cash:⁽¹⁾ _____⁽²⁾

Requested from UC: _____

TOTAL BUDGET: _____

⁽¹⁾Max. Allowable Cash Equivalent

⁽²⁾Assessed Value of Non-Cash Contribution

CAMPUS APPROVAL:

Contracts & Grants Officer:

Address: _____

Tel: _____

Fax: _____

Signature: _____

Campus File #:

Date: _____