



CRB Project No.

**CONTINUING PROJECTS ONLY**

**CITRUS RESEARCH BOARD  
PROJECT PLAN – RESEARCH GRANT PROPOSAL FOR FY 2014-2015**

New  Continuing

Year  of

**Proposal Title:**

**Investigator:**

**Total Estimated Budget:**

**Affiliation:**

**Estimated Duration (Years):**

**Email Address:**

**Phone:**

**Collaborators:**

**Name:**

**Affiliation:**

**Email Address:**

**Phone:**

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**Contact Information for your Contract's Office:**

**Name:**

**Affiliation:**

**Email Address:**

**Phone:**

**Who may we contact, outside this project, for further information about this type of research?**

**Name:**

**Affiliation:**

**Email Address:**

**Phone:**

Addresses CRB Research Priority: (example: 5300 – 3.)


**Impact Statement: (limited to space provided)**

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**Executive Summary: (limited to space provided– suggest bullet point format)**

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**Background Information/Relative Literature: (limited to space provided)**

**Pertinent Questions:**

**1. Who will be the end user?**

**2. How will growers benefit from your results?**

**3. Will this research result in a product that will require commercialization or further development by some other entity? If so, please describe.**

**Complete the Gantt Chart to identify expected timelines for each project objective and task. Download the Gantt Chart Template from the CRB website. Include as a separate file with your grant proposal form. Save with filename: Gantt\_PI name\_2014. Use this template for both your grant proposal and power point presentation.**

**Work Plan/Procedures: (limited to space provided)**




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**CITRUS RESEARCH BOARD  
FY 2014-2015 Project Budget**

**Project Budget (A separate budget sheet must be completed by each research team receiving funds)**

	Year: 2013-2014 <b>CONTINUING PROJECTS ONLY</b>	Year: 2014-2015	Year: 2015-2016
<b>Salaries and Benefits:</b>			
Postdocs/Research Assistants:			
SRA's:			
Lab/Field Assistance:			
Benefits:			
<b>Supplies and Expenses:</b>			
<b>Equipment:</b>			
<b>Operating Expenses:</b>			
<b>Travel:</b>			
<b>TOTAL AMOUNT REQUESTED:</b>			
Carry Over Funds (Deducted from your request)*	<b>CARRY OVER FROM 13-14</b> 		
UC-LREC Recharges (Deducted from award and paid directly to UC-LREC)			
<b>NET AMOUNT REQUESTED:</b>			

Have you filed a "No Cost Extension"? Yes  No

**Budget Justification:**

**List other funding sources related to this project:**

**Signatures**

**Project Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept. Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(if applicable)**