

KSURSF PROJECT INITIATION FORM

DATE:

PROJECT DIRECTOR/PI:

PROJECT TITLE:

PERSON(S) AUTHORIZED TO MAKE EXPENDITURES: _____

DESCRIPTION OF OBJECTIVES AND ACTIVITIES: _____

DELIVERABLES:

FUNDING SOURCE(S):

GRANT____

CONTRACT ____

CONTRIBUTION____

PROGRAM REVENUE____

DO YOU EXPECT THERE TO BE REGULAR INFUSIONS OF FUNDS?

YES____

NO____