# Intramural Grants Program
# Bridge Funding Program (BFP)

***Cover Page***

Principal Investigator: _____ School:_____ Department/Center/Institute: _____

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***Funding Information***

*Requested BFP Support: $_____* *BFP Budget Begin Date: _____* *BFP Budget End Date:_____*

| | | CFC (Chart Field Combination) FUNDING Commitment | | | | | |
|---|---|---|---|---|---|---|---|
| **Funding Source (e.g., PI, Department, Dean)** | **Amount** | **Fund** | **Department** | **Program** | **Class** | **Project ID** | **Administrative Signature** |
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| MCG Research Institute | | | | | | | |

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***Grant Information***

Granting Agency:_____ Project Begin Date:_____ Project End Date:_____

Grant #:_____ Total Direct Award Amount: $_____ For the period ending:_____

Grant Title:_____

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***Signature Approvals***

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|---|---|---|---|
| Principal Investigator | Date | Center/Director | Date |
| Chairman | Date | Dean | Date |
| MCG Research Institute | Date | MCG Research Institute | Date |