## Effectiveness Monitoring Committee Full Project Proposal Form

Deadline for Submission: To Be Included In Invitation for Full Proposal

	Date:
Project Title:	
Principal Investigator(s):	
Collaborators:	
Contact Information:	
Project Duration (Years/Months):	

## **Written Proposal Requirements:**

Please address each of the following for consideration by the EMC. For further information please see the Request for Proposals or consult section 5.0 of the EMC's Strategic Plan.

- 1. Background and Justification
- 2. Objectives and Scope

Project #:

- 3. Critical Questions and Forest Practice Regulations Addressed
  Please identify the Critical Questions by number and letter (as identified in the EMC's
  strategic plan), and the associated regulations by number. Please also describe how your
  project will address these questions and the efficacy of each regulation.
- 4. Research Methods
- 5. Scientific Uncertainty and Geographic Application
  Please consult section 4.4 of the EMC's strategic plan for further information.
- 6. Collaborations and Project Feasibility
- 7. Project Deliverables
- 8. Detailed Project Timeline
- 9. Requested Funding

Please provide the total requested amount of funding along with a line item budget for each fiscal year of the project (see page 2).

Include figures, tables, or photos as needed.

Please ensure that all "Categories" below are addressed in your budget. This will ensure that all information required by the state contracting process is present. You may break each "Category" into as many sub-categories as needed to fully describe your budget.

Category	Description	Year 1	Year 2	Year 3	Total
Personnel					
Identify all personnel					
costs including field					
technicians, graduate students, Principal					
Investigators, etc.					
Show these values as individual rates per					
unit of time.					
Fringe Benefits					
Cite as actual benefits or a					
percentage of					
personnel costs.					
Other					
Operating					
Expenses					
Include rent, supplies,					
and equipment costs as separate line items					
1					
Indiana 4 Cont					
Indirect Cost					
Not to exceed 15%					
Travel					
Express as per diem rates specified by					
CalHR, or verification					
that such rates are not					
available to you.  Total Cost					
Matching or In-					
Kind					
Contributions					
EMC Funding					
Requested					