

U. S. DEPARTMENT OF AGRICULTURE
RISK MANAGEMENT AGENCY

OMB Approved 0563-0065
Expires 11/30/2005

TITLE PAGE AND PROPOSAL SUMMARY

Administrative Contact _____ **Organization** _____

Title _____

Address _____

Phone Number _____ **E-Mail** _____

Principal Investigator _____ **Organization** _____

Title _____

Address _____

Phone Number _____ **E-Mail** _____

Short Proposal Title (15 words or less): _____

Total Funding Requested (All years): _____

Affected States: _____

Primary Project Objective:

Proposal Summary
(No more than 250 words)

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