



UF COLLEGE OF MEDICINE BOLSTER BUCKS APPLICATION

Name of Principal Investigator

UFID

Email

Phone

Department

Amount Requested (\$)

Current Position

If Other Position, provide details

Faculty type

Site of Research Activity

If Other Site, provide details

Type of Expense

If Other expense, provide details

I confirm that supporting documentation is attached

I confirm that I have less than \$5,000 in IDC

This is a COVID 19 related project

Title of Proposal

Date of Submission

Signature



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Proposal (limited to 250 words)