University of California Office of the President

Research Grants Program Office

TRDRP DISSEMINATION SUPPLEMENT REQUEST FORM

AWARD NUMBER: _____

PRINCIPAL INVESTIGATOR(S): _____

PROJECT TITLE: _____

INSTITUTION: _____

This form is to be used to request a Dissemination Supplement. Enter the required information below.

$5,000 DIRECT COST MAXIMUM. INDIRECT COSTS ARE NOT ALLOWED.

BUDGET CATEGORY		PRIME BUDGET REQUEST
Personnel Costs (Salary and Fringe)	$	
Other Expenses	$	
Travel	$	
Service Contracts and Consultants	$	
TOTAL DIRECT COSTS	$	

Briefly explain the proposed dissemination activity funded by this supplement and how it is related to the parent grant for this supplement. **Please include justifications for the costs listed above**.

List any additional sources of funding that will support this dissemination activity (e.g., institution, society, foundation).

If the request is for an in-person event, describe the proposed location and participants. Preference will be given to activities that take place in California and/or involve California Researchers, preferably those funded by TRDRP. If the request is for publication costs, please provide proof of manuscript acceptance by a peer-reviewed journal.

_____

Signature of PI Named Above Date