

2023 Florida Space Research Program  
Sponsored By FSGC and Space Florida

**PROPOSAL COVER PAGE**

Project Name: \_\_\_\_\_

Faculty or Industry PI: \_\_\_\_\_

Department/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Budget Request:	Note: A detailed budget justification is required.
Grant	\$ _____
Matching Contribution	\$ _____
Total Project Cost	\$ _____

Please identify which FSRP Category is applicable to your project (check only one that is most appropriate):

- ☐ Science Mission Directorate (SMD)
- ☐ Human Exploration and Operations (HEO) (Space Operations or Space Exploration Development)
- ☐ Space Technology (ST)
- ☐ Aeronautics (ARMD)

Does your project have any student participation? Yes ☐ No ☐

If yes, how many? \_\_\_\_\_

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Faculty PI / Date

\_\_\_\_\_  
(Signature) Department Head / Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Signature) Institute Official / Date

\_\_\_\_\_  
Name

\_\_\_\_\_