**KSURSF PROJECT INITIATION FORM**

DATE:

PROJECT DIRECTOR/PI:

PROJECT TITLE:

PERSON(S) AUTHORIZED TO MAKE EXPENDITURES:

DESCRIPTION OF OBJECTIVES AND ACTIVITIES:

DELIVERABLES; IF NONE, SAY N/A:

FUNDING SOURCE(S):

GRANT\_\_\_ CONTRACT \_\_\_ CONTRIBUTION\_\_\_ PROGRAM REVENUE\_\_\_

DO YOU EXPECT THERE TO BE REGULAR INFUSIONS OF FUNDS? YES\_\_\_ NO\_\_\_

PROJECT DIRECTOR/PI SIGNATURE:

SIGNATURE OF DIRECT SUPERVISOR: