

## Cover Page for Internal Review Keck Foundation Research Program

Please	indicate	the program	area vou	are applyi	ng for (Ch	100se one):

Medical Research: Science and Engineering:

Name of P.I.:

**Title of Project:** 

E-mail:

Department:

**College/School:** 

P.I. Signature:

The Keck Foundation proposals require a substantial amount of institutional commitment (approximately 20-25% of the grant amount). This commitment can be met through a combination of unrecovered indirect costs and school/college, department and OVCRGE contributions. For this reason, please include this page with the Application for Internal Review to verify that a plan for meeting the cost share requirement has been approved by your Associate Dean for Research.

Internal applications are due to the OVCRGE at grants@research.wisc.edu by **October 31**, **2023**.

**College/School Assoc. Dean Signature:**