



Office of the  
Vice Chancellor for Research  
UNIVERSITY OF WISCONSIN-MADISON

**Cover Page for Internal Review  
Keck Foundation Research Program**

**Please indicate the program area you are applying for (Choose 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 OVCR 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 OVCR at [grants@research.wisc.edu](mailto:grants@research.wisc.edu) by **April 30, 2025**.

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