

CRP INFORMATION SHEET
PLEASE RETURN COMPLETED FORM BY August 31, 2017
TO: hanlonjd@sfasu.edu or ORSP Box 13024

Year of award: _____

Title: _____

Investigator(s): _____

Description:

Purpose/Intent:

What makes this project a good investment for SFA and the state of Texas?

This section to be completed by ORSP

S/W New/Reassigned FTEs \$

S/W for Existing FTE's \$

Operating expenses \$

Staff benefits \$

Capital expenditures \$

TOTAL \$