

## Community-University Partnership Grant Program

### Applicant Cover Sheet

**Project Title:** \_\_\_\_\_

**Grant Category:** *(check all that apply)*

- Food Protection (Food Safety)
- Prevention of Obesity and Diet-Related Disease
- Food Security

**Grant Priority Area:** *(check all that apply)*

- Integration of Agriculture & Health Sciences
- High Priority to Directly Inform Systemic Change

### Project Team

#### UMN PI

	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Department / College Affiliation	_____		
Phone:	_____	Email	_____

#### Community PI

	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Organization Affiliation	_____		
Phone:	_____	Email	_____

### Additional Project Collaborators (optional)

Please list the names, titles, and affiliations of any additional Co-Investigators or contributing partners.

	Full Name	Title	Affiliation
1.			
2.			
3.			
4.			
5.			
6.			