

**University of Michigan-Flint
Office of Research**

SPONSORED RESEARCH AND PROGRAMS INCENTIVE FUNDS APPLICATION

(submit to the Office of Research following the submission of your funding application)

Project Title: _____

PROJECT PERSONNEL

Please print and sign your name below. For projects involving more than one investigator, project personnel should determine the percentage of their contribution to the project so that the Office of Research can use that percentage to divide payments appropriately. The project contribution percentages for all investigators should add up to 100.

_____ PRINCIPAL INVESTIGATOR (printed name)	_____ PRINCIPAL INVESTIGATOR (signature)	_____ Project Contribution (%)
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_____ PARTICIPATING INVESTIGATOR (printed name)	_____ PARTICIPATING INVESTIGATOR (signature)	_____ Project Contribution (%)
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_____ PARTICIPATING INVESTIGATOR (printed name)	_____ PARTICIPATING INVESTIGATOR (signature)	_____ Project Contribution (%)
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_____ PARTICIPATING INVESTIGATOR (printed name)	_____ PARTICIPATING INVESTIGATOR (signature)	_____ Project Contribution (%)
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