



**NCAA CHOICES Alcohol Education Grant Program  
Proposal Cover Page  
[www.ncaa.org/CHOICES](http://www.ncaa.org/CHOICES)**

**Name of Institution:** \_\_\_\_\_

**NCAA Division:** \_\_\_\_\_

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

**Program Coordinator Contact**

**Name:** \_\_\_\_\_

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

**Mailing address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Sponsored Programs/Grants Office Contact**

**Name:** \_\_\_\_\_

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

**Mailing address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_  
**Chancellor/President Signature**

\_\_\_\_\_  
**Print Name/Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CFO or Grants/Contracts Administrator Signature**

\_\_\_\_\_  
**Print Name/Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Athletics or Conference Commissioner Signature**

\_\_\_\_\_  
**Print Name/Title**

\_\_\_\_\_  
**Date**