**Cover Sheet**

**CURA Community Action Research Grant**

**FY2025**

**Name:**

**Title or Position:**

**Department:**

**Mailing Address:**

**Phone: E-mail:**

**Project Title:**

**Abstract** (maximum 150 words—include nature of problem to be addressed, the mission of community partner[s], research strategy to be employed, and expected outcomes):

 **Total budget requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Send this form, along with your other application materials to* *carg@umn.edu**.
Applications sent to any other address may not be considered.*