

**THE PENNSYLVANIA LIONS SIGHT CONSERVATION  
AND  
EYE RESEARCH FOUNDATION**

Leave Blank (For PLSC&ERF Use Only)

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Review Group: 1). \_\_\_\_\_ 2). \_\_\_\_\_  
3). \_\_\_\_\_ 4). \_\_\_\_\_

PLSC&ERF Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY APPLICANT:**

**Title of the Research Project:** \_\_\_\_\_  
\_\_\_\_\_

**NEW PROJECT:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

Name, address and telephone of Principal Investigator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Requested (include a detailed budget): \_\_\_\_\_  
Name, Title and Address of Grants and Contracts official contact person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other organizations to whom a request for support of this project has been or will be made (name and amount of request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other research support for this project (organization & amount of request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward (Preferably via e-mail) to: Lion Brian B. McCarl, PCC, Chairman  
3214 6<sup>th</sup> Avenue  
Beaver Falls, PA 15010  
(e) [brian.mccarl@ajdemor.com](mailto:brian.mccarl@ajdemor.com)  
(W) 412-242-6125  
(F) 412-372-5818  
(C) 724-312-3676  
(H) 724-384-8531