

**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:

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Beaver Falls, PA 15010

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