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:

TO:

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