Alternatives Research & Development
FOUNDATION

2017
ALTERNATIVES RESEARCH GRANT PROGRAM APPLICATION

TITLE OF APPLICATION

PRINCIPAL INVESTIGATOR(S) (*up to 2 co-PIs allowed)*

PRIMARY CONTACT (*if co-PIs, please select one)*

NAME *(last, first, middle)*

POSITION / TITLE

MAILING ADDRESS *(street, city, state, zip)*

DEPARTMENT, SERVICE, LABORATORY, EQUIVALENT

E-MAIL ADDRESS

TELEPHONE *(area code, number, extension)*

DATES OF PROPOSED PROJECT PERIOD

FROM: TO:

TOTAL AMOUNT REQUESTED
(direct + indirect costs; may not exceed $40,000)

PERFORMANCE SITES *(if different from above)*

APPLICANT ORGANIZATION *(name, address, tax ID#)*

WHOM TO NOTIFY IF AN AWARD IS MADE *(name, title, address, e-mail address, telephone number)*

☐ **PRINCIPAL INVESTIGATOR(S) ASSURANCE:** I/we agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

☐ **CERTIFICATION AND ACCEPTANCE:** I/we certify that the statements herein are true and complete to the best of my/our knowledge; and accept the obligation to comply with ARDF terms and conditions if a grant is awarded as a result of this application.

NAME

DATE SUBMITTED