

## RESEARCH GRANT APPLICATION FORM

Submit this original signed agreement and proposal plus 15 copies to the research director. Proposal must be received 6 weeks before a board meeting for consideration. The board meets in February, July, and November. If more space is require attach as may sheets as needed.

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Principle Investigator: \_\_\_\_\_

Department and Title: \_\_\_\_\_

Supporting Investigators: \_\_\_\_\_

Departments and Titles: \_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

Attach the research proposal, which includes the following elements:

- A one page project summary
- Project objectives
- Discussion as to why the project is needed
- A list of personnel and qualifications to work on project
- A complete literature review
- A description of methods and materials
- Amount of Annual Grant Requested
- A detailed budget including
  - Overhead (administrative)
  - Graduate Student Support
  - Equipment (list items and costs separately)
  - Supplies
  - General Labor
  - Travel
  - Other (specify)
- Proposed Duration of Project

Make checks payable to: \_\_\_\_\_

Other contributors and amounts: \_\_\_\_\_

Is unpublished data to be made available to the Noer Foundation upon the termination of the grant?

Yes \_\_\_\_\_

No \_\_\_\_\_ (if no, please explain)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

(Do not write below this line)

Grant Approved \_\_\_\_\_ Declined \_\_\_\_\_ Reason \_\_\_\_\_

Total Yearly Amount: \_\_\_\_\_ Duration: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Check Number and Date Issued:

1st payment: \_\_\_\_\_

2nd payment: \_\_\_\_\_

3rd payment: \_\_\_\_\_

4th payment: \_\_\_\_\_

5th payment: \_\_\_\_\_

Send this form to

Research Director

O.J. Noer Research Foundation

J.J. Spindler

1711 Wilshire Ct.

Lakeland, FL 33813

or send to

[administrator@noerfoundation.org](mailto:administrator@noerfoundation.org)