Atlantic Soybean Council

Research Proposal Application and Summary Budget Form

**Please complete all information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of Project: | | | | | |
| Name: Principal Investigator | | Co-Investigator | | | Co-Investigator |
| Title: | |  | | |  |
| Mailing Address: | |  | | |  |
| City/State/Zip: | |  | | |  |
| Telephone/Fax number: | |  | | |  |
| E-mail: | |  | | |  |
| Start Date of Project: End Date:    This is a: NEW PROJECT \_\_\_\_\_\_\_\_ CURRENT PROJECT \_\_\_\_\_\_\_ | | | | | |
| Funds Requested | Year 1: $ | | | | |
| Name of Authorized Organizational Representative | | | | | |
| Title: | | | | | |
| Address: | | | | | |
| City: | | | State: | Zip Code: | |
| Signature of Principal Investigator: | | | | Date: | |
| Signature of Authorized Organizational Representative: | | | | Date: | |

**Email proposal as electronic Word Document to** [ellenmatthewsdavis@gmail.com](mailto:ellenmatthewsdavis@gmail.com)

**ATLANTIC SOYBEAN COUNCIL RESEARCH FUNDING**

**PROPOSAL BUDGET**

|  |
| --- |
| Name and address: |
|  | Funds Requested |
| Salaries and Wages | $ |
| Materials and Supplies | $ |
| Travel | $ |
| All Other Cost: (List Items and Dollar Amounts) | $ |
| Total Amount of This Request | $ |

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |