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

**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 |
|  |  |  |