

# Inter-university Research Network Funding Application

## About the Research Team

Name and Contact Information	Department	Role
Primary applicant (mailing address, email, and phone contact):		
Team member (email and phone contact):		
Team member (email and phone contact):		

## About the Partners

Name	Organization	Role

## About the Project

<b>Title:</b>
<b>Preferred Start Date:</b>
<b>Preferred End Date:</b>
<b>Amount Requested:</b>

## Details of all relevant external support currently held (grants, contracts, etc.)

Title	Agency	Amount	Term

**Details of all relevant external support for which you have made an application**

Title	Agency	Amount	Date of Request	Date of Announcement

**Details of funding request**

Budgetary Item	EECD Funding (\$)	Other Funding (\$)	Sub-total (\$)
Undergraduate Assistants			
Other Research Assistants			
Travel and Meals			
Expendable Supplies			
Meeting Costs			
Other, please specify:			
Other, please specify:			
Other, please specify:			
<b>Total</b>			

Signature of Applicant

Date

Signature of Department Chair (if applicable)

Date

