

## Fund Application Cover Sheet

**Notice:** ALL GRANT APPLICATIONS MUST BE SUBMITTED ONLINE.

To submit a grant application please [log on to your KAS Member Profile](#) page and select the “Apply for Grants” tab.



Please check fund to which application is directed:

- Marcia Athey Fund     Botany Fund     Special Research Program     Undergraduate Research Program

**Investigator(s):** (Name\Rank\Title)

Principal (P.I.) \_\_\_\_\_

Dept.\College\School \_\_\_\_\_

Co-Principal(s) \_\_\_\_\_

Dept.\College\School \_\_\_\_\_

Address of P.I. \_\_\_\_\_

Telephone No. (P.I.) \_\_\_\_\_

Fax No. (P.I.) \_\_\_\_\_

Email (s) \_\_\_\_\_

**Title of Research:** \_\_\_\_\_

**Period of proposed Project:** From \_\_\_\_\_ through \_\_\_\_\_

**Budget Summary:**

Total costs of all items \$ \_\_\_\_\_

Costs to be provided by college or school \$ \_\_\_\_\_

Costs requested from Marcia Athey, Botany or Research Funds \$ \_\_\_\_\_

Have any of the investigators previously received research funds from the KAS Foundation? \_\_\_\_\_

If yes, please list the awardee's name, the amount, and the date of the award. \_\_\_\_\_

**Certification and Acceptance**

We, the undersigned, certify that the information contained herein is correct and complete to the best of our knowledge, and accept, as to any grant awarded, the obligation to comply with the terms and conditions of the Kentucky Academy of Science Foundation Marcia Athey Fund, Botany Fund, Special Research or Undergraduate Research Funds in effect at the time of the award.

Signature of Principal Investigator(s)

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Authorized Representative of College or School

\_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_