

KIDNEY FOUNDATION OF NORTHWEST OHIO

Matthews Research Grant Application

I New _____ Renewal _____ (Check one)

II Title of Project: _____

III Dates of Proposed Project Period: _____ to _____

IV Principal Investigator's Name, Title, Department, Institution, Address, Telephone:

Signature of Principal Investigator

V Institution and facilities where investigations will be carried out.

VI Name, Title, Address of Official Signing for Institution:

Signature of Official

VII Research involving human subjects:

Yes _____ No _____

Pending Review _____
Date

Approved _____
Date

VIII Collaborating Investigators

IX Other Grants of Principal Investigator:

X Budget:

A. Personnel _____

Position _____

% Time On Project _____

Salary _____

Fringe _____

Total _____

B. Equipment (Itemize)

C. Supplies (Itemize major expenses)

D. Other

Total _____