

State Board of Agricultural Research and Education Application Form

Project Title: _____

Principal Investigator: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Fax Number: _____

Organization: _____

Project Duration: _____

Project Budget Request, : \$ _____

Amount Requested from SBARE*: \$ _____

*If a multi-year proposal, please indicate how much is requested per year

List SBARE committee(s) applying to and the amount requested from each committee, , :

**SBARE has eleven representative granting committees: animal agriculture, barley, corn, dry beans, hay, new & emerging crops, potato, soybeans, sugarbeets, sunflower, and wheat. Please designate the committees to which you are applying and the amount requested from each committee designated. The proposal must be applicable to the commodity growers represented by the granting committee.

Is this project a continuation from the previous year? "Yes" "No"

If yes, please attach a brief summary of results from the previous year.

Signatures

Include a signature page (or section) with the following narrative:

By affixing their signature (s) to this application, the applicant(s) certify that they have read and understand the guidelines governing award of these grants and agree to all conditions set forth therein and that all information contained in this application package is true to the best of the applicant's knowledge, information and belief.

The State Board of Agricultural Research and Education reserves the right to modify or terminate any subsequent agreements with application if, at a future date the State Board of Agricultural Research and Education becomes aware of material misrepresentation(s) contained in this application.

Principal Investigator/Project Director:

Name: _____

Signature: _____

Title: _____

Authorized Representative (type or print):

Name: _____

Title: _____

Address: _____

Phone: _____

Signature: _____ Date: _____