

ASHRAE APPLICATION FOR GRANT OF FUNDS

(to be completed by Applicant)

- 1.0 Title: _____
- 2.0 Principal Investigator (P.I.): _____
- 3.0 Name of Contracting Institution: _____
Mailing Address of P.I.: _____

E-mail address of P.I.: _____
Phone No. of P.I.: _____
Fax No. of P.I.: _____

Other Key Personnel: _____
- 4.0 Any subcontractors: _____
- 5.0 Objective & Scope:* _____
- 6.0 Project Start Date: _____ Total Project Length: _____
- 7.0 Total Cost: US\$ _____ ASHRAE Funding Requested: US\$ _____
- 8.0 Details of Financial Support:
- | | | |
|----------------------------|----------|---------------------|
| a) Professional Salaries | \$ _____ | Person Months _____ |
| b) Research Assistants | _____ | |
| c) Fringe Benefits (%) | _____ | |
| d) Equipment | _____ | |
| e) Supplies & Materials | _____ | |
| f) Computer Costs | _____ | |
| g) Travel & Communications | _____ | |
| h) _____ | _____ | |
| i) Total Direct Costs | _____ | |
| j) Indirect Costs (%) | _____ | |
| k) TOTAL | \$ _____ | |
- 9.0 Qualifications of Principal Investigator:* _____
- 10.0 Signature of Project Manager or P.I.: _____

Title: _____ Date: _____

Signature of Executive Officer of Institution: _____

Title: _____ Date: _____

Key personnel were () were not () involved in writing the ASHRAE request for proposal for this project.

* All sections must be completed. Use of terms such as " See Attached Proposal" may result in rejection of proposal.