

**The Ohio State University -- Lima Campus
Research and Special Projects Grant**

Date: _____

Submitted by: _____
(Name) (Title)

Department: _____

Campus Phone: _____ Email: _____

Project Title: _____

Amount Requested from OSU-Lima Research Grants Program: _____

Amount Requested from Other Sources (please specify): _____

Funding Received from OSU-Lima Research Grants Program in Last Two Years (please specify dates and amounts):

Applicant Signature: _____

Procedures:

- * PLEASE ATTACH THIS COVER PAGE TO THE FRONT OF THE PROPOSAL
- * MAIL OR DELIVER SEVEN COPIES OF YOUR COMPLETE PROPOSAL PACKET (COVER PAGE AND PROPOSAL) TO:

**DUANE W. ROLLER, CHAIR
LIMA CAMPUS RESEARCH COMMITTEE
GALVIN HALL 204-F/MAIL: GA 4TH**