

**FIELD NATURALISTS SOCIETY OF SOUTH AUSTRALIA
LIRABENDA ENDOWMENT FUND**

**Research Grants 2010
APPLICATION FORM**

Applications (i.e. signed original application, together with one copy) must be posted to:

The Hon. Secretary,
Field Naturalists Society of South Australia,
Lirabenda Endowment Fund,
GPO Box 1594,
ADELAIDE SA 5001

AND emailed to:

Pam Catcheside, Convener, Lirabenda Endowment Fund
Committee.
Email: dpcatchi@westnet.com.au (subject: LEF grants)
Phone: Pam Catcheside: 8222 9379

CLOSING DATE –Tuesday, 15th December 2009

1. PROJECT TITLE.....

2. APPLICANT DETAILS

Name:

Address:

Postcode:

Telephone Contact: (Work).....

(After hours).....

Email Address:

Institution at which research will be conducted.....

Occupation and academic qualifications

a) Present occupation.....

b) Qualifications held and year completed.....

c) If a student

1. Degree being studied.....

2. Year first enrolled.....

3. Proposed completion date.....

Relevant research experience and publications

.....
.....
.....
.....

Supervisor/collaborator (if any).....

Supervisor's/collaborator's contact: email:.....phone.....

3. FUNDING

Other research grants

a) currently held

.....
and/or

b) applied for:.....

.....

If other grants are held or applied for, do these overlap with the project for which support from the Lirabenda Endowment Fund is sought? YES/NO

If YES, explain the way(s) in which they overlap.

TOTAL COST OF THIS PROJECT: \$.....

(a) Amount already granted from other funding sources for this project \$.....

(b) Amount sought from other funding sources for this project \$.....

(c) Amount sought from Lirabenda Endowment Fund: \$.....

Are any amounts under (a) or (b) above duplicated in (c)? YES/NO

If YES make the duplication clear in the Table of Project Costs below.

If the amounts requested in (b) are NOT granted is the project viable? YES/NO

If YES, please explain how the project will proceed without these additional funds.

7 REFEREES

Names and contact details for two referees (who are relevant to the research project).

| | |
|--------------|--------------|
| Name..... | Name..... |
| Address..... | Address..... |
| | |
| | |
| Email:..... | Email:..... |
| Phone:..... | Phone:..... |

I hereby apply for a Lirabenda Endowment Fund Research Grant and agree to the all requirements (a-m in the General Requirements as stated) of the Lirabenda Endowment Fund.

Signature of applicant.....Date.....

If applicant is a student:
The applicant will be carrying out the above research project under my supervision.

Signature of supervisor.....Date.....

AUTHORISATION – (to be completed by the Department Head or Chief Executive Officer)

This organisation fully supports this application. If a LEF grant is awarded, work will be undertaken pursuant to grant conditions and in accordance with this institution’s research policies.

Name.....

Position.....

Signed.....