



Institution Information

| APPLICANT INFORMATION | |
|---|----------------|
| Applicant Full Name: | |
| Applicant Institution: | |
| TITLE OF PROJECT | |
| | |
| HOST INSTITUTION | |
| Contact Person: | |
| Position: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone: | E-Mail: |
| I certify that all of the statements in this application are true to the best of my knowledge, I have reviewed the sample AASM Foundation contract and I agree to comply with all the terms and conditions of the contract if an award is issued as a result of this application. | |
| Sponsoring Organization Representative *: | Date: |
| Print Name: | |

*An authorized representative from the University's Sponsored Projects, Awards Management Office or Research Administration Office (this excludes departmental officials, such as the Departmental Chair or Division Chief). Physical or digital signature required.