

Clear Vision Foundation Research Grant Application



Principal Investigator Name: _____ Degree: _____ Position: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____

Title of Research Proposal: _____

Funds Requested: _____

Aims of Project:

Abstract (300 words or less):

Proposed Budget:

The Clear Vision Foundation allows a maximum of 10% in indirect costs (overhead/facility & administrative costs) and does not allow support for the PI's salary. Can you conform to this policy?

Yes No

PI Signature: _____ Name: _____ Date: _____

Signing Official Signature: _____ Name: _____ Date: _____

Clear Vision Foundation is a 501c3-designated organization, with one arm of its mission to support research in vision-threatening disorders and help develop new treatments.