

**THE PENNSYLVANIA LIONS SIGHT CONSERVATION  
AND  
EYE RESEARCH FOUNDATION**

Leave Blank (For PLSC&ERF Use Only)

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Review Group: 1). \_\_\_\_\_ 2). \_\_\_\_\_  
3). \_\_\_\_\_ 4). \_\_\_\_\_

PLSC&ERF Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY APPLICANT:**

**Title of the Research Project:** \_\_\_\_\_  
\_\_\_\_\_

**NEW PROJECT:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

Name, address and telephone of Principal Investigator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Requested (include a detailed budget): \_\_\_\_\_

Name, Title and Address of Grants and Contracts official contact person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other organizations to whom a request for support of this project has been or will be made (name and amount of request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other research support for this project (organization & amount of request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward (Preferably via e-mail) to: PCC Brian B. McCarl, Chairman  
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Beaver Falls, PA 15010  
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(F) 724-384-8871  
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