

Research Program Applicant Input Form

The Katz-Forbes
Foundation™
“Moving money from the greedy,
directly to the needy”

First Name, Middle Initial, Last Name

Social Security Number

Project Title (Use upper and lower case) (no more than 120 characters)

School of Behavior and Brain Sciences

Department

Division

University of Texas at Dallas

Institution

Address Line 1

Address Line 2

City, State, Zip Code

Work Phone (include Area Code and
Extension or Pager Number if Appropriate)

Fax Number (include Area Code)

Internet Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship*	Visa*	Academic Position*	Career Stage	Tenure?	Tenure Year	Patent			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 st Degree	Month/Year	Field of 1 st Degree	2 nd Degree	Month/Year	Field of 2 nd Degree				

The following information is requested for program evaluation purposes. Data will be reported in aggregate statistical form only.

Indicate percent of time spent on:

Administration %

Patient Care %

Research %

Teaching %

Other %

Other %

Other %

Other %

Other %

Other %

Other %

Please specify:

Are you a post-graduate trainee? Yes No

* Refer to code set in instructions to complete

PROJECT SUMMARY

1. Name of award program for which application is being made:

The Katz-Forbes Foundation

2. Dates of proposed award:

From:

through:

3. Name of applicant (first, middle initial, last name,

degree(s):						
4. Applicant's current institution:		University of Texas at Dallas				
5. Institution where work will be done:						
6. Name of sponsor (if applicable):						
7. Sponsor's institution (if applicable):		University of Texas at Dallas				
8. Project title (limit to 120 characters or less):						
9. Project summary (must be completed on this page):						
10. Amount requested:		<table border="1"> <tr> <td>Year 1</td> <td>Year 2</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Year 1	Year 2		
Year 1	Year 2					

PROPOSED PROJECT BUDGET

1. Salary and Fringe Benefits (if appropriate)					20__/__/__	20__/__/__	20__/__/__	20__/__/__
Personnel (itemize)	Degree	Role on Project	% Effort on Project		\$ Amount Year 1	\$ Amount Year 2	\$ Amount Year 3	\$ Amount Year 4
				Salary				
				Fringe				
				Salary fringe				
				Salary fringe				
				Salary fringe				
2. Subtotal of Salary and Fringe Benefits								
3. Equipment (itemize)								

Subtotal:				
4. Supplies (Itemize)				
5. Other Expenses (Itemize)				
6. Subtotal of Lines 3 through 5				
7. Indirect Costs (If allowed by KF funding component: see instructions for additional Information.)				
8. Total Costs				

Applicant's name (please type)