



CSWR Faculty Grant Application Form: Individual Grant Proposal

Last Name: _____ First Name: _____ Middle Initial: _____

Project Title: _____

Harvard School and Department: _____

Harvard Address: _____

Harvard Phone Number: _____ Other Phone Number: _____

Preferred Email Address: _____

Brief summary of research project:

Funding already secured for research project (source, amount):

Funding applied for but not yet secured for research project (source, amount):

If you are collaborating or making major use of a resource, please name the collaborator(s) and include a supporting e-mail or letter with your application:

Completed applications—including this application form, a project budget (form provided), a project proposal that speaks directly to the contribution the project makes to the mission of CSWR, and a curriculum vitae—must be submitted to CSWR by **April 1**.

For further information please contact Corey F. O'Brien: cobrien@hds.harvard.edu / Ph. 617.496.1934 / Fax 617.496.5411