



Institute of Hazardous Materials Management

11900 Parklawn Drive, Rockville, MD 20852

John J. McCambridge Research Grant Program

APPLICATION FORM

This form is to be completed by the Principal Investigator–Faculty Advisor to the Research Program.

Name & Title: _____
University Address: _____

Daytime Phone: _____ E-mail: _____

(Please answer all questions. Please type or print. Attach additional sheets, as needed, and number entries to correspond to this form.)

1. Name, address, and department of the University where research is to be conducted:

2. Description of the (proposed) research
 - a. Topic to be researched:

 - b. Objectives and scientific or policy significance of the (proposed) work:

- c. The (proposed) research method and the rationale for selecting this method:

 - d. Research timetable:

 - e. Number and level of students participating in this research, and the roles they (will) play.
5. Amount of funding requested from IHMM (up to \$10,000) and the intended use of the IHMM grant funds. (Attach a detailed budget.) *Please Note:* IHMM grant funds may NOT be used for overhead.

 6. Qualifications of the applicant (attach a CV):

 7. It is IHMM's desire to fund research that will enhance the field of hazardous materials management. Tell us why you believe your research will enhance the field. (An answer of approximately 100 words is desired.):

Signature

I attest that the information stated in this application is true and complete to the best of my knowledge:

Signature of Applicant

Date