

Research Grant Proposal Form

Applicant Information

Full Name

Department / Faculty

Institution

Email Address

Project Details

Project Title

Project Summary (max 250 words)

Objectives

Methodology

Expected Outcomes

Timeline & Budget

Proposed Start Date

Proposed End Date

Total Budget Requested

e.g., USD 15,000

Budget Breakdown

Declaration

I hereby confirm that the information provided is accurate and complete.

Type your full name as signature

Date