

Diamond V Mills Research Program

1. Applicant's Name: _____
Position: _____
Institution Name: _____
Mailing Address: _____

Telephone: _____ Fax: _____
E-mail: _____

2. Title of Proposal: _____

3. Total Budget Requested:
Year 1: _____ Year 2: _____

4. Responsible financial officer to whom funds should be sent:
Name: _____ Title: _____
Mailing Address: _____ Tel.: _____
_____ Fax: _____
Check payable to: _____ E-mail: _____

Certification: We the undersigned certify the information submitted is accurate, complete, and valid and accept the terms and conditions of the Diamond V Research Program. We understand and agree that Diamond V Mills has the right to review and consider, in its sole discretion, this application, that all decisions of Diamond V Mills are final and non-appealable, and that any award to be granted under the Diamond V Research Program is conditioned upon and subject to the successful negotiation between Diamond V Mills and the Institution of an acceptable Sponsored Research Agreement.

Signatures: Applicant _____

Administrative Official _____

Financial Officer _____