

# 2020 CaP-K Grant Proposal for the Winn Feline Foundation

## 1. Title of Study:

Study Name:

## 2. List ALL Principal Investigator(s) Information:

\*\*Please add additional Principal and Co-investigators below if necessary.

a. Name:  
Institution:  
Email:  
Mailing Address:

b. Name:  
Institution:  
Email:  
Mailing Address:

Co-investigators (list names only):

Name:  
Name:

## 3. Agency/Institution Information (where grant would be payable):

Agency Name:  
Mailing Address:  
EIN Number (US Applicants):  
Check Made Payable to:  
Grant Administrator Name:  
Grant Administrator Email:

## 4. Amount Requested:

\$

## 5. Signatures

Signature of the principal investigator and appropriate grant administrator:

Signature:

Signature:

Typing your name above constitutes electronic signature.