

Application

**Research Grants  
of the L.S.B. Leakey Foundation**

Check Below to indicate under which Category(ies) you wish to Apply (refer to flyer "Overview of Leakey Foundation Grants"):  
 General Grants    Foraging People's Fellowship    Great Ape Fellowship    Paleoanthropology Award

|  |  |
|--|--|
| <b>I. NAME OF CANDIDATE:</b> ___Ms. ___Mr. ___Dr.<br><br>Last/Family/Surname: _____<br><br>First Name: _____<br><b>Address at Affiliated Institution:</b><br><br>Department: _____<br><br>Institution: _____<br><br>Address: _____<br>_____<br>_____ | <b>II. AMOUNT REQUESTED</b> from the Leakey Foundation:<br><br>\$ _____ USD  |
|  | <b>III. RESEARCH COUNTRY AND PERMISSION:</b><br><b>A. Country(ies)</b><br>of Research: _____<br><b>B. Attach</b> copies of the following:<br>(1) Letters of Permission from appropriate governmental or institutional authorities to conduct research and/or use collections.<br>Permits attached? Yes ___ No ___ Not needed ___<br>(2) Visa. Visa attached? Yes ___ No ___ Not needed ___<br>(3) If the above documentation is not available attach an explanation of your progress in obtaining these documents. |

**IV. TITLE OF RESEARCH PROPOSAL:** A ten (10) word or less description of your research topic and location

**V. KEY WORDS:**

**VI. ABSTRACT:** Your abstract should be less than 275 words and written towards a scientifically literate audience. It must include: 1) objectives, 2) the questions to be answered, 3) **the relevance of your research to the study of human origins and the goals of the Foundation**, 4) the basic methodology to be used, 5) the specific study population, materials, or area.

**VII. SUMMARY BUDGET AND FUNDING FOR PROPOSED RESEARCH:** Be sure to refer to "Specific Guidelines"

**A. Itemize the TOTAL PROJECT BUDGET on a SEPARATE SHEET:** (1) Provide total amounts required for your project grouped under the following eight budget categories if applicable—Travel, Living Expenses, Field Assistants, Expendable Supplies, Equipment, Fees, Special Analyses, Other. (2) Within these categories, provide specific details, justification, and subtotals. (3) Indicate those items being requested from the Leakey Foundation and those requested or secured elsewhere. (4) All budgetary information must be in U.S. dollar amounts.

**B. Fill in the Total Amounts Below:**

In US Dollar Amounts

- |  |    |                                       |
|--|----|---------------------------------------|
| 1. TOTAL FUNDING REQUESTED FROM LEAKEY FOUNDATION:   | \$ |                                       |
|  |    | Itemize on Separate Sheet VII/A       |
| 2. FUNDS ALREADY AVAILABLE FOR PROPOSED RESEARCH:<br>(e.g., grants awarded, fellowships, personal funds)                       | \$ |                                       |
|  |    | List below under current grants VII/A |
| 3. INSTITUTIONAL SUPPORT: Discuss on Itemized Budget Sheet<br>[e.g., lab space equipment use, specialized analysis (C14, SEM)] | \$ |                                       |
|  |    | Value if included in Total Budget     |
| 4. GRANTS PENDING TO SUPPORT PROPOSED RESEARCH:  | \$ |                                       |
|  |    | List below under pending grants VII/B |
| 5. TOTAL BUDGET REQUIRED FOR CONDUCTING RESEARCH:  | \$ |                                       |
|  |    | Itemize on Separate Sheet VII/A       |

**VIII. GRANTING HISTORY:** Consult "Specific Guidelines"

\* It is the Applicant's responsibility to **notify the Foundation** on progress of pending grants or additional grants applied for after the submission of this application.

\* Label each pending grant "A" for alternate to request from Leakey or "S" for supplemental to request from Leakey.

|   | Granting Agency | Amount Requested or Received | Date Expected or Received |
|---|-----------------|------------------------------|---------------------------|
| <b>A. CURRENT GRANTS:</b><br>(for this project)     |                 |                              |                           |
| <b>B. PENDING GRANTS:</b><br>(for this project)     |                 |                              |                           |
| <b>C. PREVIOUS GRANTS</b><br>(on this topic)        |                 |                              |                           |
| <b>D. PREVIOUS LEAKEY GRANTS:</b><br>(on any topic) |                 |                              |                           |

**IX. PROJECT FEASIBILITY:** If you do not receive funding from other sources as indicated above, and the amount you are requesting from the Leakey Foundation is all or substantially all that you receive, will any portion of your project be possible? Please justify.

**X. RESEARCH PROPOSAL (Attach Proposal Text of 3,000 Words Using No More Than Six Pages)**

Refer to "Specific Guidelines." Attach your plan for research, statement on **SIGNIFICANCE OF PROJECT FOR UNDERSTANDING HUMAN ORIGINS** (refer to "Overview of Leakey Foundation Grants" flyer), very brief history of the problem, specific methodology to be used, and project time schedule. Cite pertinent references only.

**Attach Proposal Text of 3,000 Words Using No More Than Six Pages.** Consult "Specific Guidelines" for more in-depth requirements, including 8½ x 11 inch paper, ½ inch margins, and at least 12 point typeface. Only with prior approval of the Foundation office tables, figures and appendices with specific methodological information.

**XI. CURRICULUM VITAE AND PUBLICATION LIST (Attach Two Pages Maximum)**

Include education and degrees, related work experience, awards and honors, relevant publications. You may include a full vitae and publication list as a separate document to be kept on file.

**Attach No More Than Two (2) Pages—any further pages will be discarded.**

**XII. BACKGROUND INFORMATION**

**APPLICANT:**

Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**OTHERS:** Attach a Two-Page Vitae for each major participant in your project (e.g., other researchers and/or specialists who are critical to your project). Include information asked for in XI and XII. **List their names below:**

\_\_\_\_\_

**XIII. PROPOSAL REVIEWERS**

Graduate students must obtain a review or letter of support from their academic advisor. Applicants are invited to suggest additional reviewers who they feel are especially qualified to evaluate the proposal and the methodology; these may be used as one source in the review process. Consult "Specific Guidelines" for more information.

Student Advisor's Name  
and Mailing Address:

Suggested Reviewers and  
Address or Institution:

**XIV. GRANTING AND RESEARCH SCHEDULE**

Desired Accounting Dates (your institution): from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Funds Needed By: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ why \_\_\_\_\_  
Month Day Year

Data Collection—Projected Dates: from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Analysis/Write-up—Projected Dates from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Submit Report on Project to Leakey Foundation approx. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**XV. FINANCIAL RESPONSIBILITY**

Please indicate the institution name to which payment of the check should be made. Payments are made to individuals only with the approval of the Grants Officer under extraordinary circumstances. **No overhead is allowed.**

**Make Check Payable To:** \_\_\_\_\_

Indicate the name and address of the institution office which handles the administration of grants and which will be responsible for submitting a financial accounting to the Foundation when you request it at the end of your research if it is awarded (e.g., Sponsored Programs, Grants Administration, Fiscal Administration, or your department).

**Contact Person and Telephone:** \_\_\_\_\_

**Office/Department:** \_\_\_\_\_ Contact Name Telephone

**Institution:** \_\_\_\_\_ E-Mail

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**XVI. ACADEMIC ADVISOR**

Students must obtain the signature of their principal academic advisor.

\_\_\_\_\_  
Name typed or printed

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone and/or Fax

---

**XVII. STATEMENT OF RESPONSIBILITY**

If the grant application presented here is approved, I pledge to

- (1) provide financial statements of expenditures (either personal accounting and receipts and/or formal reports requested from institution),
- (2) submit a short progress report if my work extends beyond 6 months,
- (3) submit a final, 5 page summary report on the results of my research,
- (4) provide the Foundation with a photograph if requested,
- (5) acknowledge the Leakey Foundation's support whenever possible,
- (6) send reprints and/or notification of publication of work resulting from this research.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail One (1) Single-sided Original and Twelve (12) Copies of the Application and Attachments** to the Foundation Office to arrive on or before the stated deadline. Double-sided copying of the twelve copies is appreciated. Foreign applicants may send only the original. Consult your packet for "Specific Guidelines for Completing Research Grant Application Form" and for a "Checklist" of especially important requirements. You will receive a postcard notifying you that you application was received within six weeks after the granting session deadline. You may also call the Foundation Office to verify receipt.

**Mail All Correspondence to:**

Leakey Foundation  
P.O. Box 29346  
1002A O'Reilly Avenue  
San Francisco, CA 94129 USA  
(415) 561-4646, phone (415) 561-4647, fax  
grants@leakeyfoundation.org www.leakeyfoundation.org