

Application Title Page

U.S.-Israel Science and Technology Foundation

Request for Applications in Integrated Security Management Systems Approach Pilot Studies

1. Coordinating institution: _____
2. Principal Investigator or Director name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail address: _____
3. Other cooperating institution(s) and director (s) (add sheets as necessary):
Institution: _____
Co-partnership director's name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail address: _____
4. Proposed Title of Project: _____

5. Funds requested of USISTF (\$200,000 maximum): \$ _____
6. Cost-share from institutional partners: \$ _____
7. Total project budget: \$ _____
8. Other partners (e.g., other higher education institutions, community organizations, businesses, NGOs, and state or local government):

9. Do you require assistance and guidance in identifying appropriate partnering entities in the other country after the award has been granted?
____ Yes ____ No

