

FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES  
FAES FELLOWSHIP PROGRAM

FELLOWSHIPS

Donor: \_\_\_\_\_

Name \_\_\_\_\_ (attach resume)

Inst., Lab/Branch \_\_\_\_\_

Mentor \_\_\_\_\_

NIH Address \_\_\_\_\_ NIH Phone No. \_\_\_\_\_

Date of Initiation \_\_\_\_\_ Date of Termination \_\_\_\_\_

Budget:

Stipend	.....	:	\$	_____
Health Insurance	.....	:		_____
Equipment	.....	:		_____
Supplies	.....	:		_____
Travel	.....	:		_____
Other Expenses	.....	:		_____
(Itemize on separate page)				
SUBTOTAL	.....	:		_____
*Management Fee (7% of Subtotal)	.....	:		_____

Total approved and to be sent by Donor ..... \$ \_\_\_\_\_

Restrictions with regard to licensing, patents, copyrights:  
(If yes, include copy of signed agreement)  
(These need to conform to NIH regulations)

yes

no

\*\*DONOR \_\_\_\_\_  
Signature Title Date

FAES Approval as agent of Donor:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature, Grants Program

FAES Executive Director:

\_\_\_\_\_ Date \_\_\_\_\_  
Lois W. Kochanski

\* A Waiver will be considered if the management fee is prohibited by the written policy of a non-profit organization.

\*\* Not necessary if a contract has been signed between donor and FAES