

NACD Research and Exploration Fund Application

Applicant: _____

Project Name: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

E-Mail: _____

Address: _____

Number of project members:

Number of NACD members within project:

Amount requested:

Date of project initiation:

Ending date:

Please address the Research Assistance Guidelines and attach additional pages to address each section of the guideline discussing your projects ability to comply with the proposed guidelines. Please discuss any additional factors that may assist the board in establishing the projects' acceptability.

1. Membership representation.
2. Disclosure of funds.
3. Benefit to the NACD.
4. Team Qualifications.
5. Financial expenditure.
6. Public recognition of NACD assistance.
7. Representation of the NACD
8. Project deliverables
9. Project updates

Additional comments:

I, _____, have read the guidelines and application for research assistance and understand them.

Applicant's Signature

Submit applications to:

NACD

Michael Poucher – Chairperson

Research, Exploration and Funding

PO Box 14492

Gainesville FL 32604

exploration@safecavediving.com