Application for Research, Teaching, or Extension Use of the CDRRC

Date: ________________

Name(s) of Applicant and Responsible party(s): ________________________________

Representing (name of group) ______________________________________________

Address:

Phone number and email: _________________________________________________

Title of Activity:

Proposed starting date: ________________________________________________

Duration of planned activity: _____________________________________________

Funding Source: _________________________________________________________

Does this project accrue indirect cost or contract payment for use of the CDRRC: (yes/no)? If yes, what is the contribution of this funding to the CDRRC? $_________

Does the project require IACUC approval (yes/no)?
If yes, what is the IACUC approval number? _________________________________

Does the project require an archeological survey (yes/no)?
If so, describe the results of the survey and the recommendation ______________

Description of project (include names of those conducting field work, type of site needed and proposed location, and plans for construction). In depth description or a copy of the proposal from the funding agency should be attached.

Signature of Applicant:

_____________________________________________________________________

Name Date

Approved by:

_____________________________________________________________________

Name Date