

**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