

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