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| *(Assigned by WSCPR)* **Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **PROJECT TITLE:**Click here to enter text. |
| **APPLICANT:** User Group: Click here to enter text. Contact: Click here to enter text.Phone: Click here to enter text.Email: Click here to enter text. | **PI/RESEARCHER:**Name: Click here to enter text.Institution: Click here to enter text.Phone: Click here to enter text.Email: Click here to enter text. |
| **PROJECT DETAILS:**Crop: Click here to enter text.Site: Click here to enter text.Chemical *(if specific to particular chemical or chemicals)*: Click here to enter text.Pest: Click here to enter text.Pest Management Issue: Click here to enter text. |
| **PROJECT CATEGORY:** *Note A, B, and/or C next to all that describe focus of project (see REQUIREMENTS)* |
| Registration \_\_%Select. Efficacy TrialSelect. Phytotoxicity StudySelect. Residue Study | Non-Registration \_\_%  Select. Integrated Pest Management Select. Pesticide Resistance Study Select. Other: Click here to enter text. | Select. GLP (with evidence of qualification)Select. Not GLP |
| **PROJECT DURATION:** *CANNOT END AFTER JUNE 2022 (see FOLLOWING SUBMISSION for extension information)*Start Date: Click to enter a date. End Date: Click to enter a date. |
| **FUNDING:****WSCPR Request** $ Click here to enter text. **Total Project Cost** $ Click here to enter text.**Match-Cash** $ Click here to enter text. *Match From* Click here to enter text. **Match In-kind** $ Click here to enter text. *Match From* Click here to enter text.  |
| **PROJECT SUMMARY:** *Describe pest control situation project addresses; impact on crop, and how WSCPR support resolves problem. MAXIMUM 150 words.*Click here to enter text. |
| ***To the best of my knowledge, my signature certifies that the information in this application is true and correct.*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_User Group Applicant Name & Title *(Print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_User Group Applicant Signature Date *(Deadline is November 2, 2020)* |
| **Send original application to office of WSCPR Research Coordinator:****marissa@501consultants.com** |