|  |  |  |  |
| --- | --- | --- | --- |
| *(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 Trial  Select. Phytotoxicity Study  Select. 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**](mailto:marissa@501consultants.com) | | | |