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| *(Assigned by WSCPR)* **Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **PROJECT TITLE**: Click or tap here to enter text. | | | | |
| **APPLICANT:**  User Group: Click or tap here to enter text.  Contact: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. | | **PI/RESEARCHER:**  Name: Click or tap here to enter text.  Institution: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. | | |
| **DETAILS:**  Treatment Method *(Select one):*  Pesticides  Alternative to Pesticides  Crop: Click or tap here to enter text. Pest: Click or tap here to enter text.  Registration: Click or tap here to enter text.% Non-Registration: Click or tap here to enter text.% | | | | |
| **CATEGORIES:**  Good Laboratories Practices Research *(Select all that apply):*  GLP  Not GLP  Impact Categories *(Select all that apply)*:  A1  A2  A3  A4  A5  B1  B2  B3  B4  C1  C2  C3  C4  Project Type *(Select all that apply)*: | | | | |
| Efficacy Trial  Phytotoxicity Study | Residue Study  Integrated Pest Mngmt | | Pesticide Resistance Study  Other: Click or tap here to enter text. | |
| **FUNDING\*:** *(Must match budget form)*  Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.  WSCPR Request: $ Click or tap here to enter text.  Fund Contributions Cash: $ Click or tap here to enter text. *From* Click or tap here to enter text.  Fund Contributions In-kind: $ Click or tap here to enter text. *From* Click or tap here to enter text.  Total Project Cost: $ Click or tap here to enter text. | | | | |
| **PROJECT SUMMARY:** *(150 words or less)*  Click or tap 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 (Print) User Group Applicant’s Title*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *User Group Applicant Signature Date* | | | | |
| **Send completed applications to the WSCPR Research Coordinator’s Office** | | | |