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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 GLPImpact Categories *(Select all that apply)*: [ ]  A1 [ ]  A2 [ ]  A3 [ ]  A4 [ ]  A5 [ ]  B1 [ ]  B2 [ ]  B3 [ ]  B4 [ ]  C1 [ ]  C2 [ ]  C3 [ ]  C4Project 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**  |