|  |  |
| --- | --- |
|  | |
| **1. SevLTER Project Title:** | |
| **2. Principal Investigator (*last-first-middle initial*):** | |
| **3. Mailing Address (*street/PO box, city, state, zip*):** | **Telephone:** |
| **Fax:** |
| **Email:** |
| **4. University/Department or Agency/Sponsor:** | **For graduate students, Major Professor Name & Phone:** |
| **5. Sub-Permittee/Assistant Names:** | |
|  | |
| **6. Funding Source(s) & Amount(s):** | |
| **7. Describe project by specifically identifying timing, frequency, and how the project is expected to proceed:** | |
| **8. Project Location**  ADD SITE MAP HERE | ADD LOCATION DESCRIPTION AND GPS HERE |
| **9. Identify species or habitats being studied:** | |
| **10. Purpose/Hypothesis:** | |
| **11. Expected benefits of research/monitoring:** | |
| **12. Briefly describe project history and context of research/monitoring project:** | |
| **13. Briefly describe project’s relationship to other research/monitoring projects either known of or conducted by the applicant:** | |
| **14. Identify the types of specimen collections to be taken or data to be collected during the proposed project:** | |
| **15. List other cooperators and institutions involved in the project:** | |
| **16. Generally identify the anticipated timeline for analysis, write-up and publication:** | |
| **17. Specifically describe all major instrumentation/equipment/gear (i.e. use of drones) and materials used, if applicable or required:** | |
| **18: Provide details and schedule for the installation of instrumentation:** | |
| **19. Provide details and schedule for the removal of instrumentation:** | |
| **20. If instrumentation is permanent, describe need:** | |
| **21. If instrumentation requires a maintenance schedule, describe needs and schedule:** | |
| **22. Provide a data collection schedule:** | |
| **23. Provide logistical arrangements for onsite transportation, and offsite transportation of samples:** | |

|  |  |  |
| --- | --- | --- |
| **24. List and attach copies of any licenses you have for equipment operation (i.e., aviation or commercial boats), pesticide applications, transporters) or others if required:** | | |
| **License Type** | **Number** | **Expiration Date (if applicable)** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **25. List and attach copies of any insurance you have (i.e general liability, flight/grounding, contaminants, medical evacuation, or others if required:** | | |
| **Insurance Type** | **Carrier** | **Expiration Date (if applicable)** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **26. List and attach copies of any certifications you have, such as rat free, hull inspections, CPR/First Aid, or others if required:** | |
| **Certificate type** | **Expiration Date (if applicable)** |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **27. List and attach copies of any other Federal, State, or Tribal permits if required:** | | |
| **Permit Type** | **Permit Number** | **Expiration Date (if applicable)** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **28. Provide descriptions, license plate and/or identification numbers of vehicles used for onsite transportation, if required:** | |
| **Vehicle Type Vehicle** | **Plate/I.D./Registration #** |
|  |  |
|  |  |

**29. Additional documents:**

Proposal

CV

Assurance of Animal Care Form or an approval from an Institutional Animal Care and Use  
Committee

Safety plan

|  |
| --- |
| **Interim Report** |
| **Project Progress Report *(include preliminary results, attach maps, etc. as appropriate, note problems/challenges)*** |