

ADS FARM RESOURCE REQUEST FORM

	Research
	Extension
	Other

DATE: _____

1. TITLE: _____

2. Investigator: _____

3. Objective: _____

4. AUP #: _____

5. Study location(s): _____

6. Project Duration:

Start Date: _____ End Date: _____

7. Procedures to Be Performed or Data Collected:

Activity	Personnel Responsible

8. Animals: _____

8a. Number: _____

8b. Description: _____

8c. Source: _____

8d. Final Disposition: _____

9. Feeding of Animals:

Describe Feeding Regime, Including Composition of Diets

Total amount of feed expected to be needed: _____

Expected storage location of feed (Bin # if available): _____

If special diet is needed, has Feed Mill been contacted? _____

10. Important Dates:

Date	Day of Week	Procedure or Activity to be performed

11. Special Needs Necessary to Perform Project (Feed, Labor, Animals, Drugs, Equipment, etc.):*

* Specify whose responsibility (Researcher or Farm Unit) it is to provide or pay for each of the special needs listed in # 11. Make sure that enough detail is included, so that both the researcher and the farm unit manager clearly understands what is to provided by each to the project.

12. A written protocol is required for all projects. Is a written project protocol attached?: _____

13. Project Approval – Project will not be approved until both project protocol and resource request form have been submitted.

Farm Manager: _____ Date: _____

Overall Farm Manager: _____ Date: _____

Investigator: _____ Date: _____

Dept. Head: _____ Date: _____

Please try to submit this form 30 days prior to the start of the activity. The Farm Manager or Unit Manager may petition the Department Head intervene if it is deemed sufficient resources are not available. It is incumbent upon the Department Head to work with the requesting faculty member to ensure optimum use of farm facilities and maximize output of the departmental effort.