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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif  AMERICAN ASSOCIATION OF ZOO KEEPERS  **CONSERVTION, PRESERVATION AND RESTORATION**  Grant Application  January 2014 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATION | | |
| **Principle Investigator** | | |
| Name: |  | |
| Position Title: |  | |
| Zoo/Aquarium: |  | |
| Facility Address: |  | |
| E-Mail: |  | |
| Telephone: |  | |
| **Research Project** | | |
| Title of Proposal: |  | |
| Project Dates: | From: | To: |
| Amount Requested: | $ | |
| **To Be Completed By the Zoo/Aquarium Director** | | |
| I endorse the study described herein to be conducted at the zoo/aquarium listed above  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoo/Aquarium Director’s Signature Date | | |
| **For Office Use Only – Do not Write Below This Line** | | |
| Date Received: |  | |
| Reviewers: |  | |
| Disposition and Date |  | |

Page 1 of 2

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| **Abstract of Research Plan** | |
| *This abstract should be self-contained so that it can serve as a succinct and accurate description of the proposal when considered independent from the Application* – **Do Not Exceed the Space Provided:** | |
| **Additional Investigators**  **Name/Title/Institution/Email** | |
|  | |
| **To be Completed by the Applicant as the Principle Investigator** | |
| *I have read the CPR Grant guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK CPR Grant*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Principle Investigator Signature Date | |
| **Submit Completed Application and Supplemental Documentation to:** | |
| ***Electronic (preferred)***  **Jessica Munson, Chair**  **AAZK Grants Committee**  [**Jessica.Munson@aazk.org**](Jessica.Munson@aazk.org) | ***Mail***  **Jessica Munson, Chair**  **AAZK Grants Committee**  **Milwaukee County Zoo**  **10001 W. Bluemound Road**  **Milwaukee, WI 53226-4346** |

Page 2 of 2