|  |
| --- |
| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gifAMERICAN ASSOCATION OF ZOO KEEPERS**CONSERVTION, PRESERVATION AND RESTORATION**Grant ApplicationJanuary 2014 |

|  |
| --- |
| 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

|  |
| --- |
| **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 |

Page 2 of 2