





**5. Farm Use and Safety:**

The Project Leader has read the Farm Use Manual and Farm Safety Manual and agrees to abide by the policies and procedures outlined in them. As the Project Leader, I understand that failure to comply with these policies and procedures may result in termination or jeopardize approval for renewal or extension of this plot allocation and other future plot allocation requests.

Accept by: (Type in name and date)

**Project Leader:**

**Date:**

- 6. Cost Estimate:** Farm Manager will review information provided in section 4 for accuracy, modify if necessary, and provide a cost estimate below. For CTAHR faculty, the research station will provide labor and available equipment. The project leader will provide all other costs of executing the proposed project outlined in this plot allocation.

Cost Estimate	Annual Cost
Labor:	\$
Equipment:	\$
Utilities:	\$
Supplies	\$
Others: (specify)	\$
<b>TOTAL Cost of this request</b>	<b>\$</b>

Reviewed by: (Type in name and date)

**Farm Manager:**

**Date:**

- 7.** This project will cost CTAHR \$\_\_\_\_\_ /year to conduct. The experiment station will provide the labor and equipment use costs for all CTAHR projects. The project leader will provide \$\_\_\_\_\_ /year to cover expenses and utilities that are beyond the normal operating costs (e.g. operation of large driers or field irrigation), all supplies, and any specialized equipment. The project leader's share of expenses will be charged to the Project Leader's account number provided below.

Project Acct. No.

I agree to provide an annual progress report to the Farm Manager by December 31 of each year. A final report is needed at the end of the project. These reports are important for the Farm Manager to prepare their annual accomplishment report.

Accepted by: (Type in name and date)

**Project Leader:**

**Date:**

- 8. Action by:**  
(Type in name)  
**Farm Manager:**

The station has adequate work force to support this project. Yes/No

The station has available space for this project. Yes/No

I have safety/health concerns for station staff. Yes/No. If yes, please explain.

**Department Chair:**

This project addresses an important problem in areas served by our department. Yes/No  
The experimental design is sound. Yes/No  
Successful completion of this project will generate valuable data. Yes/No  
I strongly support / support / neutral / have reservations for this plot allocation application.  
Please provide a brief explanation if you have reservation for this plot allocation application.

(Type in name)

**County Administrator:**

This project will benefit the local stakeholders. Yes/No  
The experiment design is sound. Yes/No  
The cost estimate is accurate. Yes/No  
The county has adequate resources to support this request. Yes/No  
I strongly support / support / neutral / have reservations for this plot allocation application.  
Please provide a brief explanation if you have reservation for this plot allocation application.

(Type in name)

**Associate Director:**

[ ] Approved [ ] Disapproved

Project Leader will be notified of the final cost estimate based on the farm manager's evaluation. Upon approval, the project Leader's account will be charged the agreed amount.

**9. Objectives and Procedures: (*Attach brief description*)**

- a. Objectives of project.
- b. Objectives of station experiments.
- c. Experimental design and treatments.
- d. Data to be taken.

**10. Animal procedures involving changes from Standard Operating Procedures: (*Attach description*)**

- a. Selection of animals and assignment to treatments
- b. Housing needs
- c. Feeding plan
- d. Health maintenance
- e. Breeding plan, including heat detection, estrous synchronization, artificial insemination
- f. Birthing/care of dam and newborn animals
- g. Growing/lactation
- h. Weaning/post-weaning
- i. Growing/finishing
- j. Marketing/slaughter/processing
- k. Criteria for removal of an animal from test/veterinary intervention/euthanasia
- l. Special needs (at project's expense)