



Date: \_\_\_\_\_

# ARF Full Proposal Grant Application Cover Page

## Principal Investigator (PI) Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Project Title

\_\_\_\_\_

## Research Location

\_\_\_\_\_

## Names, Affiliations, and Addresses of Collaborating Researchers

_____	_____
_____	_____
_____	_____
_____	_____

**Geographic Applicability of Research (check one)** Global (all alpacas): \_\_\_\_\_ Regional (specify): \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_ **Project Period:** \_\_\_\_\_

**Will the proposed project involve the use of live animals? If so please provide the following information.**

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Phone/Fax: \_\_\_\_\_

**Animal Care and Use Approval** Date Approved: \_\_\_\_\_ Pending: \_\_\_\_\_ Not Required: \_\_\_\_\_

**By signing below I certify that I am the principal investigator and that all information in this application is true and complete to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and also agree to the terms and conditions of funding by ARF, as outlined under Policies and Procedures.**

**PI Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Type PI's Signature** \_\_\_\_\_

**Signature of Responsible Institutional Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name, title, and address of institutional official to whom the funds should be sent and who will be responsible for keeping a record of disbursement of funds.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_