

Capitol Reef Field Station

Application for Research Use of Facilities

Applicant Name _____ Title, or Academic Status _____

Institution _____ Department _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____ Email _____

Project Title _____

Project Personnel -- List people other than applicant working on the project and who will use CRFS:

Name _____ Affiliation _____

Name _____ Affiliation _____

CRFS Arrival and Departure Dates: Arrive (Day/Month/Year) _____

Depart (Day/Month/Year) _____

Have you obtained the necessary NPS/CARE permits for the proposed research project?

Proof of Capitol Reef National Park research permit is required for final CRFS approval.

___ Yes (permit # _____). ___ No, but applications submitted. ___ No, not relevant.

Specific CRFS Facility Needs and Special Access Needs Requested:

Project power needs while at CRFS _____

Project water needs while at CRFS _____

Brief Project Description.

Please attach a 1-page summary of intended research activity. (You may submit the same project description that you used in the NPS research permit application.)

Complete the following if you wish to apply for project funding from CRFS:

Please attach a 1-page budget and justification.

Total project budget _____

Secured funding: Source _____ Amount _____

Source _____ Amount _____

Amount requested from CRFS _____

Applicant Signature _____ Date _____

Applicant's Advisor Signature (if applicable) _____

CRFS Approval _____ Date _____