COVER PAGE

APPLICATION FOR USDA ANIMAL HEALTH FORMULA FUNDS

Date_____

TO: CVM Committee on Research
SUBJECT: Application for 2010-11 USDA AHFF

PROJECT TITLE:

_____

_____

PERSONNEL: Please print/ type names within ( ) and sign on line above:

Name	Academic Title	Department	% Effort

_____
( ), Principal Investigator

_____
( ), Co-Investigator

_____
( ), Co-Investigator

_____
( ), Co-Investigator

_____
( ), Department Chairman

AMOUNT REQUESTED: Supplies, Animals, Other Expenses _____

Salaries/Fringe Benefits _____

TOTAL REQUEST _____
(Maximum Request, $15,000)

SUBMIT ORIGINAL AND SEVEN (7) COPIES OF COMPLETE APPLICATION. SUBMIT ELECTRONIC COPY OF APPLICATION ON DISK OR BY EMAIL TO CVM RESEARCH OFFICE to STEARNSD@MISSOURI.EDU.

PROPOSALS MUST BE RECEIVED IN CVM RESEARCH OFFICE, W203 VET MED (Donna) BY 5 p.m., TUESDAY, SEPTEMBER 30, 2010.