



Notification of Intent to Conduct Research Using LFCE Assets

Please complete this form during the planning phase of your research project if it includes use of LFCE assets and submit to Dr. Kris Ringwall, LFCE Director, for review.

Project Title	
Lead Investigator and team collaboration	
Lead researcher or instructor name, organization, address, phone number and e-mail and collaborative team.	
Current Stage of Project	<input type="checkbox"/> Planning <input type="checkbox"/> Funding proposal(s) in progress for submission to: _____ (agency) <small>Reminder: Prior to submitting to agency the proposal needs to be submitted through UnivRS for department, LFCE and Research Services compliance review and approval</small> <input type="checkbox"/> Funding proposal(s) submitted to: _____ (agency, project #) <small>Did the proposal receive department/college/LFCE approval through UnivRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please contact your College Research Facilitator to assist with UnivRS submission.</small> <input type="checkbox"/> Funds secured through: _____ (agency, project #) <small>Did the proposal receive department/college/LFCE approval through UnivRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please contact your College Research Facilitator to assist with UnivRS submission.</small>
Has the project obtained UACC approval yet?	<input type="checkbox"/> Yes, _____ (protocol #) <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Project Timeframe	Starting date, duration, and multiple years if applicable.
Experimental Design	Treatments, Reps, Experimental units, Sampling units
Resources Required (land, cattle, pens, equipment, etc.)	
List the anticipated resources required; provide quantities (if applicable) and any specific details.	
Objectives	
What are the specific research objectives of this project?	



Project Description and Research Plan

Provide a brief project description/overview. Describe the protocol you are taking to achieve the objectives.

Requested Data

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| <input type="checkbox"/> 2-Day Start of Test Weights | <input type="checkbox"/> 2-Day End of Test Weights | <input type="checkbox"/> Weights every ___ days |
| <input type="checkbox"/> Samples every ___ days | <input type="checkbox"/> Blood Samples | <input type="checkbox"/> Fecal Samples |
| <input type="checkbox"/> Ultrasound (fat, muscle, repro) | <input type="checkbox"/> Feed Records | <input type="checkbox"/> Grazing Records |
| <input type="checkbox"/> Health Treatments | <input type="checkbox"/> Carcass Data | <input type="checkbox"/> Liver Scores at Slaughter |
| <input type="checkbox"/> Seeding, sampling, harvest | <input type="checkbox"/> Sample drying, storage | <input type="checkbox"/> Plant evaluation |
| <input type="checkbox"/> Other _____ | | |

Note: The Lead Researcher will be contacted for clarification on planned research protocol(s) and final details. Please submit this application at least 30 days in advance of proposal submission for the calculation of user fees and budget.