



**Oiled Wildlife Care Network
Wildlife Health Center
Competitive Grants 2008-2009**



**FULL PROPOSAL APPLICATION
FORM**

Principal Investigator:

Mailing Address:

Phone Number:

Fax Number:

E-mail:

Co-Investigator(s):

Mailing Address:

Phone Number:

Fax Number:

E-mail:

Title of Proposed Research:

Total US \$ Amount Requested:

Is this a renewal of a previously-funded OWCN grant? Yes No

I agree to take responsibility for the completion of this project and for the publication of any resulting data. Any publications will include the approved acknowledgement wording as detailed in the Guidelines. I also agree to provide progress and final reports by the established deadlines.

Principal Investigator's Signature:

Date:

Co-Investigator's Signature (if applicable):

Date:

Under the terms of this grant program, I understand that the Principal Investigator and his/her organization or institution will be responsible for any expenses incurred by this project which exceed the approved funding amount.

Department Chair/Unit Director's Signature:

Date:

Printed: _____

Mailing Address: _____

**Oiled Wildlife Care Network
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PROJECT ABSTRACT

State the objectives, specific aims and the significance of the project, and describe the methodology used to achieve these goals. Avoid summaries of past accomplishments. The abstract is meant to serve as a succinct and accurate description of the work when separated from other portions of the proposal. Do not exceed the space allowed; 10 pt. font and single-spacing is allowed for this section only. Do not use abbreviations in the title.

P.I. NAME and AFFILIATION:

FUNDING AMOUNT REQUESTED:

PROJECT TITLE:

Abstract:

Attachment 2 – Budget

OILED WILDLIFE CARE NETWORK DETAILED BUDGET				From: 10/01/08	Through: 9/31/09	
PERSONNEL: Please include all investigators and students				DOLLAR AMOUNT REQUESTED (omit cents)		
Name	Role On Project	% Effort On Project	Base Salary	Requested Salary	Fringe Benefits	Totals
SUB TOTALS						
EQUIPMENT (Itemize by item over \$5000 each)						
SUPPLIES (Itemize by category)						
TRAVEL (Itemize by trip)						
OTHER EXPENSES (Describe in detail)						
TOTAL REQUESTED						

Oiled Wildlife Care Network Wildlife Health Center

STATEMENT REGARDING SUPPLEMENTAL FUNDS

Availability of other funding is a criterion by which proposals will be considered. Please include any other funds received, or additional applications for funding submitted, to support this project, and succinctly describe how “Other Support” will support this OWCN-proposed project. Other funds may be derived from sources such as salaries, facilities, equipment, or support from other grants that is supporting research relevant to the project. If extra-mural funding has been applied for, please attach a copy of the grant cover page and abstract. If funding has been received, attach a copy of the award letter and letter of acceptance indicating the level of extra-mural funding. This page may be copied as many times as necessary.

Title of Proposal:

Funding Agency:

Budget Period (dates):

Amount Requested from Funding Agency: \$

Amount Received from Funding Agency: \$

How these supplemental funds will support this OWCN-proposed project:

I declare that the work to be funded by the Oiled Wildlife Care Network does not overlap with work funded by other individuals, foundations or agencies.

Principal Investigator’s Signature

Date:

Co-Investigator’s Signature

Date:

Principal Investigator/Program Director (*Last, first, middle*): _____**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel in the order listed for Form Page 2.
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
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EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (<i>if applicable</i>)	YEAR(s)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**