

INTERNAL REVIEW FORM AG-02

Intent to Use A&T Farm Land, Facilities, Livestock, Personnel

Principle Investigator

First name Last name
.....

Department
.....

Email Phone
.....

Project Information

Project Title:.....

Please indicate the CAES facility/ies you are requesting /or planning to use?

Crop Land Animal Unit Green Houses Do not plan to use the farm

If the project uses any facilities, answer the question for each checked item.

Is this a renewal project? Yes No

Is this a multi-year project? Yes No

If 'Yes', please indicate number of years:.....

Project start date Project end date
____/____/____ ____/____/____

Will this project need to build any farm structure? Yes No

If "Yes", what type of structure?

.....
.....

Have you secured funds to build the structures? Yes No

Will the facility/ies need electricity, water, heat or cooling? Yes No

1. If using Crop Land

What plant/crop are you planning to plant?

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Do you have plans of using any genetically modified crops? Yes No

If "Yes", identify the genetically modified crop and its status of legal approval, including any state, federal, etc. approvals.

.....

If "Yes", do you have an adequate containment and management plan?

.....

Please indicate the plot size you are looking for and the preferred location (see farm map for field#)

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Will you be using pesticides or fertilizers? Yes No

If "Yes", list each pesticide, herbicide and fertilizer to be used and indicate frequency of use:

.....

.....

Do you need irrigation? Yes No

If "Yes", please indicate the type of irrigation system, you are requesting.

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.....

Do you need farm personnel? Yes No

If "Yes", please indicate the services and duration, you are seeking from N.C. A&T farm personnel.

.....
.....

Do you need any farm equipment? Yes No

If "Yes", please indicate the farm equipment/s, you are requesting.

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2. If using Farm Animals/Livestocks

Which animals are you planning to use?

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Have you submitted an application to the N.C. A&T IACUC for protocol approval on the use of these animals?

Has your IACUC application been approved? Yes No

Are you planning to purchase new farm animals? Yes No

If "Yes", which animals and how many? Please also indicate source of funding.

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Do you need a space to house them? Yes No

Do you plan a specific animal feeding or watering regimen? Yes No

If "Yes", please specify

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.....
What will happen to the livestock after the project is over?

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Do you need farm personnel? Yes No

If "Yes", please indicate the services, you are seeking from N.C. A&T farm personnel, and the duration.

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Do you need any farm equipment? Yes No

Are you planning to use one of the research units? Yes No

If "Yes", how you will the unit be used?

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3. If using Greenhouse

Are you planting new plants? Yes No

How much area will you need?

Do you need farm personnel? Yes No

If "Yes", please indicate the services, you are seeking from N.C. A&T farm personnel, and duration.

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Do you need any farm equipment/s? Yes No

If "Yes", please indicate the farm equipment/s, you are requesting.

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Do you need irrigation? Yes No

If "Yes", please indicate the type of irrigation system, you are requesting.

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Required Signature

Principal Investigator

Name

Signature..... Date.....

Farm Manager

Name- Leon Moses

Signature..... Date.....

Associate Dean for Research

Name- Dr. Shirley Hymon-Parker

Signature..... Date.....