

MAES R/E Center Resource Request Form

Principal Investigator:

Department:

R/E Center:

Facility:

MAES Project #:

UME Project #:

Other:

Experiment/Function Title:

Duration:

Start Date:

End Date:

Experiment Protocol: *Include a summary of design, treatment, and sampling schedules, etc., on the second page.*

Resources Requested from Center (*check if required*)

Land Requirements:

Plot Dimensions:

Land Area:

Facilities:

___ Laboratory Space

___ Dryer Space

___ Cooler Space

Land Preparation:

___ Conventional Tillage

___ No Tillage

___ Minimum Tillage

___ Bed Tilling

___ Plastic Mulch

___ Drip Tubing

___ Cover Crops

___ Fumigation

___ Other

Soil Fertility, Herbicides, and Pesticides:

___ Standard Fertility

Other _____

___ Preventative Insecticide Program

Other _____

___ IPM Program

Other _____

___ Fungicides

Other _____

Crop Maintenance:

___ Planting

___ Hand

___ Machine

___ Center Labor

___ Cultivation

___ Hand

___ Machine

___ Center Labor

___ Pruning

___ Center Labor

___ Trellising/Training

___ Center Labor

___ Thinning

___ Center Labor

___ Irrigation

Overhead Frequency _____

___ Center Labor

Trickle Frequency _____

___ Center Labor

___ Other _____

Data Collection:

___ Center Labor

Frequency _____

Type _____

Harvesting:

___ Hand

___ Machine

___ Center Labor

Miscellaneous:

___ Special Equipment (*explain*) _____

___ Deer/Goose/Rodent Control (*explain*) _____

List items you will supply: _____

Monetary or in-kind support: _____

P.I. _____

Department Chair _____

Facility Manager _____

Center Head _____

Signature

Date

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Experimental Protocol: Include a summary of design, treatment, and sampling schedules, etc. below.