

## Project Estimate

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

### General Information

Project Title \_\_\_\_\_

Funding Source \_\_\_\_\_

Project Summary (brief description)

Estimated Project Start Date \_\_\_\_\_

Estimated Completion Date \_\_\_\_\_

### Animal Information

Species \_\_\_\_\_

Strain \_\_\_\_\_

Sex \_\_\_\_\_

Age/Weight \_\_\_\_\_

Total # of animals \_\_\_\_\_  
(Experimental + Extra)

### Housing Requirements

Total # of days animals will be housed at FIU \_\_\_\_\_

Single       Paired       Group

BSL-1       BSL-2       SPF

**Experimental Procedures**

Will FIU personnel conduct experimental procedures?     YES    NO

If yes, please describe the manipulations that will be performed on the animals. Please provide a time line over the project period. Include euthanasia and post-mortem collection procedures.

Will FIU provide materials/supplies?     YES    NO

If yes, please list materials/supplies.

Will project require use of anesthesia cart?     YES    NO

If yes, approximate # of hours.    \_\_\_\_\_

Will transportation be required?     YES    NO

If yes, please describe. Include destinations, approximate # of trips, etc.

Please describe any other special project requirements or considerations.