

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.

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