



ALPACA RESEARCH  
FOUNDATION

# ARF Pre-proposal Cover Page

## Principal Investigator (PI) Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Project Title

\_\_\_\_\_

## Research Location

\_\_\_\_\_

## Names, Affiliations, and Addresses of Collaborating Researchers

_____	_____
_____	_____
_____	_____
_____	_____

Total Amount Requested: \_\_\_\_\_ Project Period: \_\_\_\_\_

Will the proposed project involve the use of live animals? If so please provide the following information.

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Phone/Fax: \_\_\_\_\_

By signing below I certify that I am the principal investigator and that all information in this application is true and complete to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and also agree to the terms and conditions of funding by ARF, as outlined under Policies and Procedures.

PI Signature \_\_\_\_\_ Date \_\_\_\_\_