

**STUDY PLAN REVIEW AND APPROVAL FORM**

**Review & Approvals:**  
*Principal Investigator*  
*Site Manager*

Date  
\_\_\_\_\_  
\_\_\_\_\_

Please use a **DIFFERENT FONT** to fill out the proposal.

1) **AMEX PROJECT #** (assigned by AMEX staff)

2) **PROJECT TITLE:**

3) **PROJECT DESCRIPTION:**

4) **PROJECT PERSONNEL:**

**Principal Investigator:**

Name:

Title:

Address:

email:

Telephone:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

***The signature above signifies acceptance of the terms and agreements described in this proposal.***

**Other personnel:** Please list all other personnel involved with this project (collaborators, graduate students, field personnel). Provide names and email addresses. Email addresses will be added to the AMEX list-serve to deliver periodic announcements.

5) **TIME FRAME**

Date project study plan submitted:

Planned date for starting data/site use:

Planned date of data/site use completion:  
(including removal of ALL field equipment)

Planned type and date of publication:

6) **PROPOSAL TO AMEX TEAM**

Clearly articulate request made to AMEX Team. Proposal must address each element listed above (data request, data use, site use, and publication plans). If requests change, approval from the AMEX team must be obtained. This may require a new proposal review. Be as detailed as possible.

7)

**KNOWLEDGE GAP OR PROBLEM ADDRESSED IN STUDY:**

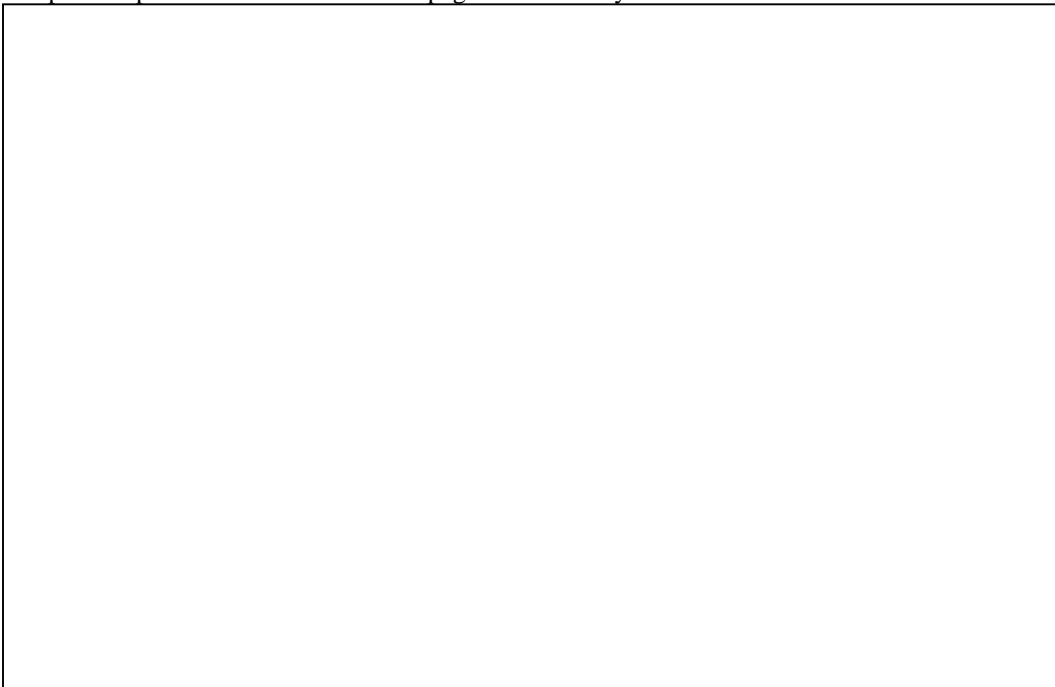
Provide background on state of knowledge (including literature cited) and the knowledge gaps addressed with proposed research. Please be as complete as possible. Attach additional pages as necessary.



8)

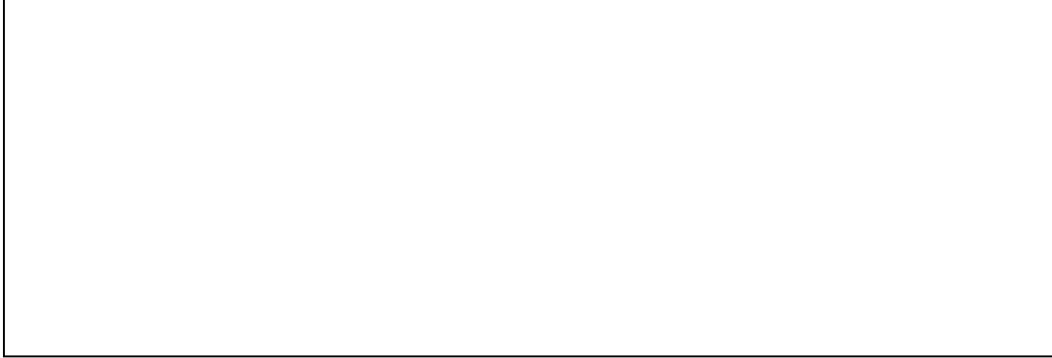
**RESEARCH OBJECTIVE OR HYPOTHESES EXAMINED:**

State immediate objectives and questions to be answered with data requested or collected. Please be as complete as possible. Attach additional pages as necessary.



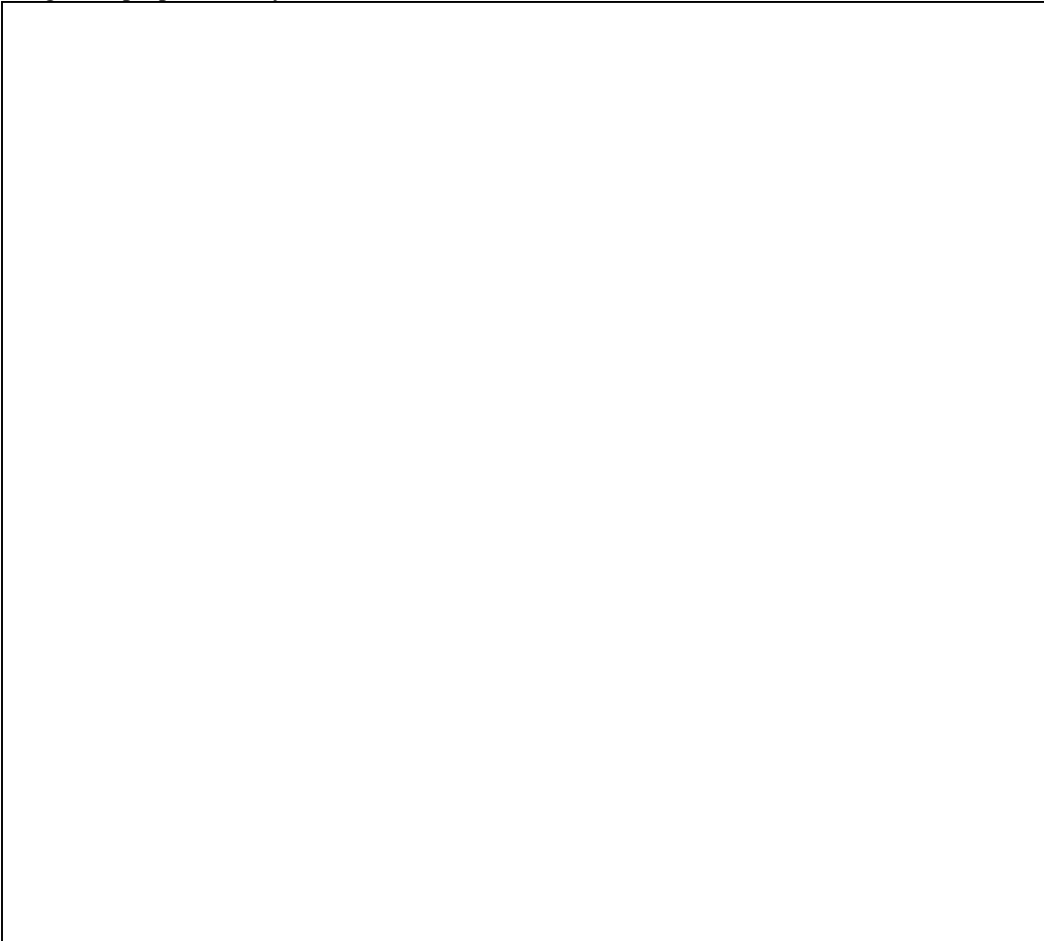
9) **EXPERIMENTATION & ANALYSIS**

Summarize variables (dependent and independent), analytical models, techniques, instrumentation, treatments used, etc. If Chemicals, Insects, Fungi, Bacteria, Animals, Plants, Seeds, Toxic Materials, etc. are to be brought to the sites as part of the project, the amount, time, and location of use on the forest needs detailed specification (attach a detailed study plan if one has been prepared). Each Toxic Material must have a MSDS attached.



10) **METHODS (Site use, data collection & processing)**

Describe the study or experiment, including field, laboratory, and processing methods (i.e., experimental design and proposed analysis of data).



11) **FREQUENCY (OR SCHEDULE) OF SITE USE & DATA COLLECTION**

Detail your schedule of activities and timeline for completion

12) **APPLICATION OF RESEARCH RESULTS**

Describe anticipated application opportunities and methods of presentation of expected results, including publication and presentation plans.

13) **SAFETY PROTOL TO BE IMPLEMENTED (SITE USE ONLY)**

AMEX is not responsible for ensuring safe handling of researchers' own equipment. However, it is required that appropriate documentation be provided to assure that appropriate safety measures will be in place when field work is done. Please provide a list of equipment or materials that will be used and any safe handling instructions that will be provided to users. Identify safety and health hazards associated with the study, and assign responsibilities to insure follow through.

14) **COORDINATING REQUIREMENTS**

Please list additional relationships key to project success, including links to other research projects, the annual timber sale, and forest management program at project site. For larger area habitat-related or longer-term longitudinal studies, this needs careful planning and consulting with the AMEX team to be sure the research is feasible and possible conflicts are resolved or mitigated.

15) **LOCATION OF ACTIVITY (ATTACH MAP, INCLUDE TEXT DESCRIPTIONS)**

Identify and list the number of plots, treatments, and other activities. If desired study locations change, approval from the AMEX team must be obtained. This may require a new proposal review.

**PLEASE SUBMIT THIS COMPLETED FORM IN ELECTRONIC FORMAT TO:**  
[sbisbing@unr.edu](mailto:sbisbing@unr.edu)

16) **ADDITIONAL INFORMATION:**