

**COLLEGE OF VETERINARY MEDICINE
PROPOSAL FOR PILOT EQUINE RESEARCH FUNDS (2025)**

TITLE: _____

1) PRINCIPAL INVESTIGATOR

NAME: _____ POSITION: _____

DEPARTMENT: _____

2) CO-INVESTIGATORS

NAME	POSITION	DEPARTMENT

3) Amount requested (Grant year: April 1 – March 31)

Total funds:

4) PURDUE ANIMAL CARE AND USE COMMITTEE APPROVAL

If animal work is involved, funds will not be allocated without evidence of PACUC approval. Approval is not required at the time the proposal is submitted for funding; however, evidence that the application was submitted to PACUC must be provided.

5) PRINCIPAL INVESTIGATOR SIGNATURE: _____ DATE: _____

6) PRINCIPAL INVESTIGATOR'S DEPARTMENT HEAD: _____

DEPT. HEAD SIGNATURE: _____ DATE: _____