KONZA PRAIRIE BIOLOGICAL STATION
PERMIT APPLICATION FOR RESEARCH USE OR COLLEGE CLASS VISIT

Please complete both sides of this form (type or print) and return to: Konza Prairie Office, Division of Biology, Ackert Hall, Kansas State University, Manhattan, KS 66506-4901. Telephone: 785-587-0441 FAX: 785-539-7845 E-mail: konza@ksu.edu

Name: _____ Permit: (office use only) _____
Position: Faculty/Researcher ☐ Other (list) _____
Student: Undergraduate ☐ MS ☐ PhD ☐
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____ E-mail: _____

If applying for a permit for research use, please complete **Part A** below, continued on the reverse.
If applying for a permit for college class visit, please complete **Part B** on the reverse.

PART A: (COMPLETE FOR RESEARCH PERMIT)

Title of Project: _____

Proposed starting date: _____ Ending date: _____
year month day year month day
Approximate total number of days/year planned on-site: _____
Source of support for station fees: Institutional ☐ Grant ☐ Personal ☐
Other (specify) _____
(If grant supported by intra- or extramural funds, please attach a copy of the abstract and budget.)
If the proposed effort is part of a larger project, what percentage will be conducted on KPBS? _____
Station Use Fee: (see attached fee schedule) _____

Check the activities below that are employed in project and **describe** in detail in the methods section:
☐ Soil sampling ☐ Harvesting/collecting plants
☐ Animal trapping/collecting ☐ Habitat manipulation (excavation, fertilization, etc.)
☐ Construction/installation of structures, equipment (cages, monitoring instruments, etc.)
☐ Handling or contact with small mammals or their nests

Proposed study area: (see enclosed map-for assistance, contact the Director or Site Manager)
Watershed Units: _____
Grid Coordinates: _____

Names of other Co-PI's/Research Associates involved with project: _____

Number of other participants: Technicians _____ Students _____

Please summarize the **Objectives** of the proposed effort: _____

Please describe the **Methods and on-site activities** to be employed in sufficient detail to allow a determination of their impact on KPBS. Use additional pages if necessary:

Please indicate the types of support you request from KPBS (lab space, housing, assistance, etc.):

Will you drive a private vehicle on Konza? What type and license tag#:

Signature: Date:

Faculty/Advisory signature (required for student projects):

PART B: (COMPLETE FOR COLLEGE/UNIVERSITY CLASS VISIT)

Course designation and title:
Number of students:
Facilities required:

Brief description of activities planned on site:

Dates of proposed visit: year month day to year month day inclusive

Estimated time of arrival:

Station Fee:
(see schedule of fees for overnight visits)

Signed: Date:

Office Use Only:
Approval Signature: Date:
User Fee Amount:
Comments: