

OWCN Mentored Research Program Project Concept Form

Project Title:

Name of OWCN Member Organization:

Researcher Information (Name, phone number & email):

Problem Statement (Briefly describe the issue or question you want to address):

Project Description (Briefly describe how the expected results of your project would address the issue, and provide any ideas on general experimental design):

Logistical Needs (Briefly describe what resources you believe the project would require, including people, animals, supplies, space, and time):