**Iowa Livestock Health Advisory Council (ILHAC)**

**Project Grant Application 2019**

**Title:**

**Project Type** *(indicate NEW or CONTINUATION*):

|  |  |
| --- | --- |
| Principal Investigator | **Name and Degree(s):****Rank:****Department:**College of Veterinary Medicine**Phone**: |
| Co-Investigator | **Name and Degree(s):****Rank:****Department:****College:****Phone:**  |

**Project Period** (indicate # of years and proposed start and end dates):

**Project funds requested for 7/1/2019-6/30/2020** (up to $25,000):

\_\_\_\_ Check if you would like to participate as a CVM Summer Scholar Research Program (SSRP) mentor to VM1/VM2 students (if awarded, this funding is in addition to project funding).

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| PI Signature and Date: | Co-I Signature and Date: |
| Department Chair Signature and Date: | Department Chair Signature and Date: |