**Research Grants Program Application**

Alaska Herpetological Society

Applications must be submitted by 5PM on April 1st 2019. Awardees will be announced by April 15th, 2019 and will be contacted by email. Awards will be distributed on May 1st, 2019 and must be used in their entirety by December 31st of the award year.

To submit this application, please email to davidzabriskie1@gmail.com and copy akfrogdr@gmail.com. Put “AHS Research Grants Program Application” in the subject line. The signature page (page 3) can either be scanned and emailed with the application, or sent by regular mail to:

Alaska Herpetological Society

C/O Joshua Ream

4616 Birdsong Drive

Eagle River, AK 99577

If you are a student, please also send a copy of your unofficial transcripts indicating the last semester’s GPA and full-time enrollment. These should either be emailed or mailed to the above address.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation[[1]](#footnote-1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a paid member in good standing with AHS[[2]](#footnote-2)? YES NO

Which of the following best describes your proposed project[[3]](#footnote-3)?

Research Education Outreach

If applicable, have you complied (or do you plan to comply) with all Institutional Animal Care and Use Committee (IACUC) requirements of your institution?

 YES NO NOT APPLICABLE

Does your intended project require an Aquatic Resource Permit (ARP) from the Alaska Department of Fish and Game[[4]](#footnote-4)? Yes No

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**This Section for Students ONLY**

Are you enrolled full-time in an accredited academic institution? YES NO

What is the name of the institution in which you are enrolled?

Which of the following describes your status?

K-12 Student Undergraduate Master’s Student Doctoral Student

How many years have you been in this academic program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your intended major and/or profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of your academic advisor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your Grade Point Average (GPA) last semester? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following questions are mandatory for all applicants.**

Please give a brief overview of your intended project:

Please describe in detail the methodologies that you plan to use in this project:

When and where will your project take place?

What species will be involved in this project?

What anticipated project expenses would this grant money be used for?

How will your project contribute to enhancing knowledge of Alaska’s herpetofauna?

How does your project align with the goals of AHS as per our mission statement?

**Signature Page**

**By submitting this application, you agree to the follow terms if you are selected as a grant recipient:**

1. Remain a paid member in good standing with AHS

2. If a student, you must maintain a minimum of a 3.0 grade point average and remain enrolled full-time in an accredited academic institution. AHS may request a copy of your unofficial transcripts at any time.

3. Submit a report of project activities at the end of the calendar year in which the research took place. This shall include a financial statement of expenditures related to the grant.

4. Submit a newsletter / website article including a photograph of yourself.

5. Present a brief presentation of your project activities at the next AHS Annual Meeting, either in person or by teleconference.

6. Acknowledge AHS in all publications and presentations related to activities conducted under the grant

7. Return all grant monies to AHS if the project activities fail to take place by December 31st of the award year.

Grant monies may only be used for expenditures related to the intended project, including equipment, supplies, and travel. Grant monies may not be used for tuition, fees and other expenses related to academic enrollment and long-term housing. Receipts for all purchases up to the total amount of the grant award must be kept by the grantee and be submitted with the financial report to AHS by February 1st, 2020.

**By signing below, I agree that the information that I provided in this application is true to the best of my knowledge. I agree to the terms of the grant program as defined above and in the Grant Stipulations document. If selected as an awardee, I agree to use grant funds responsibly in pursuit of the project activities described above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE) (PRINT NAME) (DATE)

If you are under the age of 18, please have an authorizing adult sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE) (PRINT NAME) (DATE)

If you are submitting this application as an affiliate of an organization or formal entity, please have an administrator with authorizing authority sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE) (PRINT NAME) (DATE)

1. This should be the specific organization or entity under which you plan to conduct project activities. Indicate “NONE” if you are NOT affiliated with an organization or formal entity. [↑](#footnote-ref-1)
2. Current membership in AHS is required for grant eligibility. [↑](#footnote-ref-2)
3. Projects best described as “research” will be prioritized in even-numbered years and projects best described as “education” or “outreach” will be prioritized in odd-numbered years. [↑](#footnote-ref-3)
4. If yes, AHS funds may not be used until an ARP is obtained and the Area Management Biologist has been contacted. Visit <http://www.adfg.alaska.gov/index.cfm?adfg=otherlicense.aquatic_resource> for more information. [↑](#footnote-ref-4)