

KEARNEY AGRICULTURAL RESEARCH & EXTENSION CENTER
ANNUAL REQUEST FOR LAND, LABOR AND FACILITIES

Center Project No. _____

Project Title: _____

CEFS No./AES No. and Title: _____

Project Leader: _____

Phone: _____ Cell Phone: _____ Email: _____

Project
Cooperator(s): _____

Phone: _____ Cell Phone: _____ Email: _____

This request is for: _____ Project Termination Date: _____
Month/Year *Month/Year*

1. Project Hours: Total Scope of Work to be Performed by KARE _____

2. Land: Acres _____ Total Area Dimensions _____ ft. X _____ ft.
Spacing or Bed Size _____ No. of Rows _____

3. Crop/Variety: _____ When available, please submit as planted maps

4. Irrigation: Flood/Furrow Sprinkler Drip/Micro-Sprinkler Frost Protection Other _____

5. Fertilizer Requirements (type and rate): _____

6. Weed Control: Hand Standard Chemical Specialized Please List Material: _____

7. Insect Control: Standard Chemical Specialized Please List Material: _____

8. Disease Control: Standard Chemical Specialized Please List Material: _____

9. Vertebrate Pest Control: Gophers: Yes No Bird Control: Yes No
Fencing Yes No Other: _____

10. Special Requirements: Soil Fumigation _____

Approximate Dates for Pollination Bees: Start _____ Finish _____

Field Modifications and Installations (contact KARE Superintendent): _____

11. Is This a Secondary Project? Yes No Primary Project Leader/Location: _____

Activity _____

12. Postharvest lab or equipment: CT rooms (temps, RHs, months): _____

4 Gas MB ([C2H4]), number stations, months) _____ Ethylene MB ([C2H4], months) _____

Eval. Bench (months) _____ Other (please list) _____

13. Sensory Evaluation Lab: _____ Approx. Months _____

14. Other lab or Center equipment: Item _____ Approx. Months _____

Special Requirements: _____

(Continued)

15. *Greenhouse: Bench space (sq. ft.) _____ Approx. Months _____
Special Requirements: _____

16. *Lathhouse: Bench space (sq. ft.) _____ Approx. Months _____
Special Requirements: _____

17. *Gravel beds: Bed space (sq. ft.): _____ Approx. Months _____
Special Requirements: _____

18. Do you plan to use out-of-label, unregistered or experimental compounds, and/or danger pesticides?
 Yes No If yes, researcher is required to submit MSDS to KARE PSA and/or SRA 48 hours prior to bringing onto the Center.
Please List Material Here _____

19. Does the project involve any carcinogenic compounds, radioactive material or USDA regulated genetic material or organism?
 Yes No If yes, submit documentation of campus approval and containment plans.
Please List Material Here _____

20. Do you plan to introduce non-endemic (to the KARE site) organisms?
 Yes No
Please List Material Here _____

21. Project Management Classification:
 Red All KARE work is performed only as directed on Work Orders submitted by the Project Leader.
 Yellow KARE initiates all normal and ordinary crop care **except** restricted activities listed below that require Work Orders submitted by the Project Leader.
Example: (insect control, fertilization, irrigation)
List Restricted Activities: _____
 Green KARE initiates all normal and ordinary crop care. Additional activities not considered normal or ordinary may be performed by KARE when directed on Work Orders submitted by the Project Leader.

*The Project Leader is responsible for all aspects of container-grown plant crop maintenance, pest control, and site preparation/cleanup unless otherwise agreed on a case-by-case basis.

A project will be classified as Green unless otherwise indicated above by the Project Leader.

When working at the Kearney Agricultural Research & Extension Center, I agree to abide by safe work practices as outlined by the Kearney Agricultural Research & Extension Center, Environmental Health and Safety Guidelines available at: http://ucanr.org/sites/_http__ucanrorg_sites_KREC/

NOTE: All forms may only be submitted electronically to Janie Duran at njduran@ucanr.edu. No signature is required.