**Turtle Taxonomy Fund (TTF)**

**Proposal Cover Sheet**

**(**This cover sheet must accompany the proposal**)**

**Project Title:**

**Name(s) of Principal Investigator(s) and their Institutional Affiliation(s):**

**Total Project Budget $**

**Funding Requested Specifically from TTF for this Project $**

**Funding Requested from Other Sources for this Project
 (list sources and amounts separately) Granted?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

**Total Funding Already Granted from All Sources for this Project $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Funding Still Pending from All Sources for this Project $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List the principal turtle taxa (genera, species, subspecies, ESUs, populations, etc.) covered by your project.**

**Geographic area(s) and/or location(s) of your project:**

• By submitting this application, and if selected for funding, the proponents declare that all pertinent permits required to carry out the proposed research will be obtained as necessary, especially as regards export and import of specimens, and that no work on the project will be commenced without the required permits.

• Further, the proponents declare that they and their project collaborators will not collect, obtain, or distribute any turtles or other wildlife, whether live animals, parts or derivatives, for possession, transport, export, import, or sale, in breach of applicable national and international laws and regulations, during any phase of the supported project, unless covered by appropriate permits.

**Principal Lead Investigator:**

 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Administrative contact person (if Different):**

 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**