

**ECOTOXICOLOGY AND ECOLOGY LAB – Proposal Template**

**1. Project Title**:

**2. Project PI:**

**Project Contact (Student or staff leading this study):**

**3. Department:**

**4. Project Start Date**: **Project End Date**:

**5. Does this project include vertebrate animals?** \_\_ YES \_\_ No

Do not forget to obtain IACUC protocol approval prior to the start of the project.

Please, provide IACUC protocol copies prior to the start of the project. You must also post a copy of your IACUC protocol on site.

**6. Project Summary (insert in this section max. 5 pages including literature)**: The summary shall include the background, rationale, objectives, methods and expected results. Preliminary data (e.g., tables, figures) can also be included.

**7. Is this project funded by a grant?** \_\_ YES \_\_ No

 If yes, agency name:

**8. Facilities, systems, and equipment that the investigator requires**: Check all that apply. For system descriptions, go to ecotox.fiu.edu. Remember that facility resources to conduct the research of interest will be available on a first come, first serve basis. Therefore, as a shared facility, timeline flexibility (if grants allow) will be important.

OUTDOORS

**Freshwater, Estuarine, and Salt Water Systems:**

\_\_ Area A:

\_\_ Duplicate 820-gal circular recirculating tanks in series

\_\_ One system \_\_ Two systems

\_\_ Triplicate 175-gal shallow rectangular recirculating tanks (ideal for coral studies)

\_\_ Triplicate 100-gal circular recirculating tanks in series

\_\_ Triplicate 75-gal circular recirculating tanks in series

\_\_ Duplicate 600-gal circular static tanks

\_\_ Area B:

\_\_ Twenty-four 1000-gal circular static tanks (fiberglass tanks partly embedded in cement to better control temperature)

Number of tanks needed: \_\_

\_\_ Twenty-four 230-gal circular static tanks (plastic tanks that can be relocated as needed)

Number of tanks needed: \_\_

**Salt Water *Only* Systems:**

\_\_ Area C: Three 10,656-gallon circular tanks. The area is covered to block sunlight.

Number of tanks needed: \_\_

\_\_ Area D: Twelve 780-gal unfiltered circular tanks covered and restricted by a fence and awning to minimize wildlife entry.

Number of tanks needed: \_\_

INDOORS

**Front Clean Culture Facility:**

\_\_ Aquatic Habitat Stand-Alone System, number of racks (up to 4): \_\_

**Back Clean Culture Facility:**

\_\_ Freshwater (FW) culture system

\_\_ Salt water (SW) or estuarine culture system

**Experimental Exposure Facility**

\_\_ Automated electric gear pump diluter system

\_\_ Mini diluter system

\_\_ Sediment diluter system

\_\_ Stand-up incubator, number of incubators (up to 6): \_\_

**Swimming Performance Facility**

\_\_ Small capacity chamber (5L)

\_\_ Medium capacity chamber (10L)

\_\_ Large capacity chamber (30L)

\_\_ X-Large capacity chamber (90L)

**Behavior Facility**

\_\_ Adult fish system

\_\_ Larval fish system

**Other Equipment and Space**

\_\_ Zeiss Stemi 2000-C Stereo Microscope with an AxioCam ERc5s camera

\_\_ Zeiss Standard 25 Light Microscope (5x, 10x, 40x, 100x objectives)

\_\_ Olympus Inverted Fluorescence microscope (IX71 Series)

\_\_ Thermo Scientific accuSpin Micro 17R Refrigerated Microcentrifuge with 24-tube fixed rotor

\_\_ Thermo Scientific Sorvall Legend RT Plus Centrifuge

\_\_ New Brunswick Innova 44 Incubator Shaker

\_\_ Beckman Coulter Multisizer 4 Particle Counter

\_\_ Ohaus Standard Balance (Explorer E1F110)

\_\_ Mettler Toledo Analytical Balance (AG135)

\_\_ YSI meters:

\_\_ DO

\_\_ Salinity–conductivity–temperature

\_\_ pH meter

\_\_ Light box for organism observations

\_\_ Stir plate

\_\_ Oven

\_\_ Desiccator

\_\_ Fume hood

\_\_ Benchtop stations, desks, and computers

**9. Weekly schedule including days and times**: For ‘Time’ at the facility, include duration (e.g., 10am-13pm, 9-11am & 3-4pm)

|  |  |  |
| --- | --- | --- |
| **Day** | **Time** | **Indicate what resources from those checked above you will be using on that given day and time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**10. List of all investigators that will need access to the facility:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **Lab phone #** | **Office phone #** | **Emergency phone #** | **Email address** |
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**11. Note**: In addition to the proposal, a copy of your Standard Operating Procedures needs to be submitted. If you are a student, you must also submit a letter from your major adviser stating that he/she has reviewed your proposal and supports the project.