

APPENDIX E
Format for Reporting Projected Participation

For each participant in this activity, include his/ her name and e- mail address, employing institution/ agency, and department; plus, as applicable:

- For research commitment, indicate the CRIS classifications [Knowledge Area(s) (KA), Subject(s) of Investigation (SOI), and Field(s) of Science (FOS)], and estimates of time commitment by Scientists Years (SY) (not less than 0.1 SY), Professional Years (PY), and Technical Years (TY);
- For extension commitment, indicate FTE and one or more of the KA (Knowledge Areas); and,
- Objective(s) under which the each participant will conduct their studies.

Project or Activity Designation and Number if applicable): _____

Project or Activity Title: _____

Administrative Advisor: _____

Participant Name and E- mail address	Institution and Department	Research						Extension		Objectives				
		CRIS Codes			Personnel			FTE	CIS Code(s) for KA (Knowledge Area)	1	2	3	4	5
		KA	SOI	FOS	SY	PY	TY							
Total SY, PY, TY and FTE														

Approved: _____
 Director, Agricultural Experiment Station
 and/or Cooperative Extension Service

Date: _____

Please return completed form to:

Department Chair: