

**CEHS Core Facilities  
Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Title of Project: \_\_\_\_\_

**INSTRUCTIONS:**

1. Complete the section above
2. Complete the Questionnaire section
3. Email this completed application to the appropriate Core Director(s) from the list immediately below.

- Kevan Roberts, Fluorescence Cytometry: [kevan.roberts@umontana.edu](mailto:kevan.roberts@umontana.edu)
- Scott Wetzel, Molecular Histology and Fluorescence Imaging: [scott.wetzel@umontana.edu](mailto:scott.wetzel@umontana.edu)
- Chris Migliaccio, Inhalation and Pulmonary Physiology: [christopher.migliaccio@umontana.edu](mailto:christopher.migliaccio@umontana.edu)

**Core Facility (for Core Directors ONLY)**

Evaluation (if approving send completed application including budget as requested/budget changes and evaluation statement via email to Paulette Jones: [paulette.jones@umontana.edu](mailto:paulette.jones@umontana.edu))

**Administration (for CEHS Administration ONLY)**

Budget information (Approved budget, index number, account code, activity code)

**Questionnaire:**

Describe your requested needs (hours of use, specific services, budget, etc.):

Describe how this information will be used (finish manuscript, grant application, etc.):

Relevance to your research mission (how does this fit into your overall mission):

How will this be used in future grant submissions (include agency names/timelines):

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PI Signature

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Printed Name

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Date