

**APPLICATION FOR RESEARCH SPACE**  
**MOUNT DESERT ISLAND BIOLOGICAL LABORATORY**  
 Salisbury Cove, ME 04672 U.S.A.  
 (207) 288-9880 Ext. 125  
 www.mdibl.org

**A. Name** Academic Rank:  
 Degree:      Social Security #: Citizenship:  
**Institutional Mailing Address:** **Home Mailing Address:**

Work Telephone # Home Telephone #  
 FAX # Please indicate preferred mailing address:  
 E-mail address: (  ) Institution (  ) Home

**B. Dates for rental of space:**

June 1 - Sept. 30  Aug. 1 - Sept. 30  
 June 1 - July 31  Other (specify)                      to

Actual work dates at MDIBL (mo/day/year): to

Anticipated absences from MDIBL during this period:

**C. Title(s) of proposed research:** Attach a separate description (2-4 pages) of the project(s), including hypothesis, specific aims, outline of the planned approach and techniques to be used.

**D. List all members of research group:**

<u>Name</u>	<u>email address</u>	<u>Age</u>	<u>Gender</u>	<u>Status*</u> (Use Codes below)	<u>Dates</u>	<u>MDIBL Housing (Y/N)</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Status Codes: U, Undergrad; G, Grad student; PD, Post Doc; A, Associate Scientist with PhD or MD; HS, High School student

**E. Space and Research Needs:**

**Laboratory:**

- Running Seawater in Lab
- Insulated Room
- Concrete Floor
- Room Air Conditioning

Other:

Returning Scientists -

Building and number of preferred lab: 1.

Second and third choices: 2. , 3.

Chemical Supplies: MDIBL encourages investigators to order research chemicals to be delivered directly to MDIBL.

**Other Supplies** (estimated summer use): MDIBL will supply dry ice and liquid N2 . PI's must provide containers for both.

Dry Ice  Yes, amount  No; Liquid N2  Yes, amount  No

Compressed Gasses - List all mixtures and sizes if other than large size tank. The MDIBL supplies only propane gas. Delivery of special gas mixtures may take 1-2 weeks after the order is placed. An **initial** order will be placed in May based on what you indicate here. The MDIBL does not supply regulators.

**F. MDIBL Equipment and Core Facilities to be used:**

**General**

- Electronic Balances
- Liquid Scintillation Counter
- Ultra Centrifuge
- Refrigerated Centrifuge
- Lypholizer
- 70 Freezer
- Dark Room
- Spectrophotometer
- Osmometer
- Flame Photometer

**Marine Holding Facilities**

- Small Aquaria Tanks
- Dock Live Car
- Small Specimen Tank
- Large Specimen Tank

**Core Facilities**

- Molecular Biology Core
- DNA Sequencing Center
- Gene Expression Analysis
- Confocal Imaging Core
- Electrophysiology Core
- Tissue Culture Facility
- Temperature  26°C  20°C  13°C  Other
- % CO<sub>2</sub>  5%  3%  0%  Other
- # in Group:
- Cell Species:
- Brief Description of Use of TC facility (separate page if needed):

*Only animal cells are permitted in Cell Culture Facility*

**G. Research Specimens:**

Species	Average Weekly Use	Total Summer Use	Source if not MDIBL
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

\*If you intend to use animals not routinely available at MDIBL please notify Dr. George Kidder, Director Animal Core, MDIBL. gkidder@mdibl.org

**H. Hazardous Material Use:**

1. Do you plan to use radioisotopes?  Yes  No. If yes, an Application for Radioisotope Use will be sent to you.

2. Does (or would) your proposed research require Institutional Biosafety Committee (IBC) approval at your home institution?

Yes  No If yes, please specify:

**I. Housing:**

Do you wish to be considered for rental of a Laboratory Cottage or Apartment?  Yes  No

**If yes, complete the Principal Investigator housing application.**

Do members of your research group need to be considered for Laboratory housing?  Yes  No

**If yes, have each group member complete a Seasonal Personnel Application**

You will be completely responsible for lab, cottage, dining hall, dormitory fees, and all other charges.

**J. List ALL current and pending sources of research support.** Include all grants, support from home institution, companies, foundations and personal funds. These data are essential to the laboratory for merit based support from the State of Maine.

Grantor	Grant Number and Title	Period of Support	Level of Funding Total - Annual
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Is this application dependent upon pending funding submitted, not yet awarded or received?  Yes  No

If yes, when will you know outcome of your request?

**K. New Investigators Only:** List names, addresses and phone numbers of two references who know your work.

As of the date below, I certify that all information is correct and will notify the MDIBL Business Office of any changes. **I understand that a \$200 non-refundable deposit is required with acceptance of awarded space. Failure to submit deposit may result in reassignment of space. I understand that Principal Investigators assume financial responsibility for all fees incurred by members of their research group.**

Signed

Date

**A current CV and bibliography must accompany this application.**

Please mail application materials - Do not FAX