

**MIAMI-DADE PARKS, RECREATION
& OPEN SPACES DEPARTMENT
NATURAL AREAS MANAGEMENT DIVISION**

**RESEARCH & EDUCATIONAL PROJECT
AUTHORIZATION APPLICATION FORM**



CHECK IF THIS IS A REQUEST TO RENEW.
IS PROGRESS REPORT INCLUDED (FOR RENEWALS).
IF RENEWAL, PREVIOUS AUTHORIZATION #: _____

APPLICANT INFORMATION

Name: _____ Affiliation: _____ Date: _____
Title: _____ undergrad _____ grad _____ faculty _____ rsch. assoc. _____ other _____
Address: _____
Phones: _____ Business _____ cell / other _____ FAX _____
Email: _____ Additional Contact: _____
Co-investigators
(names/affiliation): _____

PROJECT INFORMATION: *Please explain how project will benefit the conservation and better management of natural resources.*

Requested project start date: _____ Requested finish date: _____

Title of project: _____

Funding source: _____

Names of all field personnel working on the project: _____

Proposed park site(s) (attach map of site with indicated areas): _____

Study subject(s) (organism, community, physical feature, archaeology, etc.): _____

Description of **on-site** proposed activities including number of field personnel, frequency/timing of site visits, etc.
(attach sheets as needed):

Potential impacts/disturbances to plants, animals, environment: _____

Describe all markings, flags, tape, tags, numbering, and their locations (use site map if needed): _____

What conditions (access, exotic plant control, wildlife exclusion, insect control, etc.) do you require within your study location?

SAMPLING/COLLECTING INFORMATION: *Natural Areas are refuges for nature and all resources are protected.*

Describe any sampling or collecting needs associated with your project: _____

Numbers and types of organisms to be collected: _____

Describe sampling/collection methods (trapping, cutting branches, seed traps, etc.). Euthanasia methods must meet AVMA guidelines: _____

Proposed disposition of collected specimens: _____

Do you have federal, state or other agency Collecting/Research/Other Permits?	YES	NO
If yes, are copies attached?	YES	NO, Reason: _____

Please include a project proposal that includes an Abstract, Introduction/Project Purpose, Scope, Objectives, Methodology/Study Design, Expected Results and Literature Cited sections and a Research Worker Approval (waiver form) for each project participant with your application form.

Send completed documents a **minimum of sixty (60) days prior** to requested project start date to:

Project Authorization Review Committee
Miami-Dade County Parks, Recreation and Open Spaces Department
Natural Areas Management
22200 SW 137 Avenue
Miami, FL 33170

Or email submission to nam@miamidade.gov (email is preferred method of submission)

Send any questions to the email above or call 305-257-0933.