



<b>PRINCIPAL INVESTIGATOR</b>			
SURNAME:		GIVEN NAME:	
FACULTY:		DEPARTMENT:	
<b>CO-APPLICANT(S)</b>			
CO-APPLICANT(S) SURNAME	CO-APPLICANT(S) GIVEN NAME	INSTITUTION/CAMPUS	FACULTY/DEPARTMENT
<b>TITLE OF EQUIPMENT OR TOOL</b>			
<b>STREAM</b>			
<input type="checkbox"/> STREAM 1 (TOTAL FUNDING REQUESTED \$2,500-\$25,000) <input type="checkbox"/> STREAM 2 (TOTAL FUNDING REQUESTED \$25,001-\$100,000)			
<b>TOTAL FUNDING REQUEST FROM COMPETITION</b>			
\$ _____			
<b>CASH AND IN-KIND CONTRIBUTIONS FROM OTHER SOURCES (OPTIONAL, ADDITIONAL CONTRIBUTIONS ARE NOT A REQUIREMENT)</b>			
AMOUNT	OTHER FUNDING SOURCE	EXPECTED OR SECURED	GRANT ID (IF SECURED)



SIGNATURES		
<p>I verify that all the information contained within this application is true and complete, to the best of my knowledge.</p> <p><b>If the application is successful, I hereby authorize the transfer of funds from the grant sources listed as secured on page 1 for which I hold the role of Grant Manager.</b></p>		
PRINCIPAL INVESTIGATOR		
NAME:	SIGNATURE:	DATE:
DEPARTMENT / UNIT HEAD OR ASSOCIATE DEAN RESEARCH		
NAME:	SIGNATURE:	DATE:
DEAN, DIRECTOR, OR DELEGATE		
NAME:	SIGNATURE:	DATE: