

# Materials Research Facilities Network

An NSF Supported MRSEC Partnership

## Financial Support Application Form

I. Proposal Title: \_\_\_\_\_

### II. Applicant Information<sup>1</sup>

1. Name: \_\_\_\_\_

2. Affiliation: \_\_\_\_\_

3. Affiliation Address: \_\_\_\_\_

4. City, State, Zip: \_\_\_\_\_

5. Phone: \_\_\_\_\_

6. Fax: \_\_\_\_\_

7. Email: \_\_\_\_\_

8. Category:

Post-Doc     Scientist     Grad. Student

Faculty     Undergrad

Other: \_\_\_\_\_

9. Do you require special assistance?

No     Yes (Please Specify) \_\_\_\_\_

### III. Project Information

10. Describe your research project.

11. Total Project Cost Estimate: \_\_\_\_\_

12. Expected Start Date: \_\_\_\_\_

13. Expected Finish Date: \_\_\_\_\_

14. How many users will be involved? \_\_\_\_\_

15. At which MRFN Facility do you expect to conduct your experiments/tests?

UCSB     UMass     UMN     USM     Uncertain

16. Please clearly identify all sources of income for your project.

a. University Funding

Amount Applied for: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

b. Government Funding

Amount Applied for: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

c. Private Sector Funding

Amount Applied for: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

d. Other Funding: \_\_\_\_\_

Amount Applied for: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

e. MRFN Funding

Amount Applied for: \_\_\_\_\_

f. Total Income (Should equal Q11): \_\_\_\_\_

17. What aspects of your research do you expect MRFN Funding to assist? (Instrument usage fees, travel costs, housing costs, etc.)

<sup>1</sup> Academic Advisor or Person Responsible for Project

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### **V. Declaration of Interest**

18. Are you aware of any personal or professional relationship with any Faculty, Staff, or Board Member of any MRFN Member University?

No

Yes (Please Specify) \_\_\_\_\_

### **VI. Fraud**

MRFN will take legal action to recover funds from any applicant who has provided fraudulent information in the application.

### **VII. Your Declaration**

When you fill in this section, please print in BLOCK CAPITALS and include your full name.

- The signature on the application form must be original.

I have the power to accept any awards offered, depending on the conditions shown, and to repay the award if I do not meet these conditions.

I understand that any awarded offered may be publicized by MRFN.

I confirm that the information I have given is true and I have answered all the questions on the form. I will let you know immediately if any of the information I have provided changes.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_