

 **Request for Internal Research Funds (IRF)**

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| --- | --- |
| **Name of Faculty Member/Researcher:** |        |
| **Department:** |       |
| **Internal Email Address:** |       |
| **Employee ID:** |       |
| **Office Number:** |       |
| **Phone Extension:** |       |
| **Project Title/Research Area:** |       |
| Is this a **New Project?:** | [ ]  No [ ]  YesIf not, provide existing **Project ID #:**       |
| **Source of Funding:** (e.g., Department, Dean, etc) |       |
| **Amount of Grant:** (e.g. $5,000 annually for 3 yrs; onetime $2,000, etc) |       |
| **Start Date:**Unless otherwise specified, it will be assumed that the start date will be immediately. |       |
| **End Date:**Unless otherwise specified, the end date will be the fiscal year end of your IRF grant. If another date is required, please specify, or a five year period will be applied. |       |
| **Unspent Funds:**Unless otherwise specified, it is assumed that unspent funds will be returned to you after the end date. |       |
| **Eligible Expenses:**Please specify eligible expenses (e.g. travel, salaries, equipment, conference, etc).If there are specific budget requirements (e.g., salary minimums/maximums) please provide the details and/or attach a budget. | Direct Costs of Research [ ] Salaries [ ] Benefits [ ] Travel [ ] Supplies [ ] Computer Expenses [ ] Other [ ]  (Please specify):       |
| **Student/Fellow Support:**If the funding is to support a specific student, please provide the **name(s)** of the student or postdoctoral fellow |       |
| **Certifications and Approvals:** Are certifications or approvals required? If yes, **specify types** and **attach** approval documents. | [ ]  No [ ]  YesIf yes, specify type(s):  |
| [ ]  Human Subjects | [ ]  License for Research in the Field |
| [ ]  Animal Subjects | [ ]  Controlled Goods/Technology |
| [ ]  Biohazards | [ ]  Other:       |
| [ ]  Health Physics |
| **Reporting Requirements:**Do you require a financial or scientific report from the recipient? |       |

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Date Administrator/Approver’s Signature

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 Print Name and Title