

**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  Yes  If 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  Yes  If 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