



REQUEST FOR INTERNAL RESEARCH FUNDS (IRF)

Name of Faculty Member/Researcher:	
Department:	
Internal Email Address:	
Employee ID:	
Office Number:	
Phone Extension:	
Project Title/Research Area:	
Is this a New Project? : <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Salaries <input type="checkbox"/> Benefits <input type="checkbox"/> Travel <input type="checkbox"/> Supplies <input type="checkbox"/> Computer Expenses <input type="checkbox"/> 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.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify type(s): <input type="checkbox"/> Human Subjects <input type="checkbox"/> License for Research in the Field <input type="checkbox"/> Animal Subjects <input type="checkbox"/> Controlled Goods/Technology <input type="checkbox"/> Biohazards <input type="checkbox"/> Other: <input type="checkbox"/> Health Physics
Reporting Requirements: Do you require a financial or scientific report from the recipient?	

Date

Administrator/Approver's Signature

Print Name and Title