

**Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**Co-Investigator(s)** \_\_\_\_\_

**Proposal Title** \_\_\_\_\_

**Dates** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Compliance/Ethical Issues**

Human subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
International travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Potential conflict of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Classified or proprietary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial potential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\*Total Budget Requested (Maximum budget dependent upon funds availability - \$7,500 at this time)**

Graduate students(s) salary	
Travel	
Equipment	
Supplies	
Telephone	
Other (list)	
Total	

- \* No funds may be used for faculty salary.
- \* No indirect costs or overhead may be included in your budget.
- \* If you are a graduate student, you must attach a supporting letter from a faculty member who will supervise this research.

_____	_____
Signature of Requester	Department Head Approval
_____	_____
Date	Date

_____	_____	_____
CRIC Approval Signature	Date	Account number