**2024 MTRAC Applied Advanced Materials**

**COVER PAGE**

|  |  |  |
| --- | --- | --- |
| **PROJECT TITLE** |  |  |
|  |  |  |
| **PI NAME & CONTACT INFORMATION** |  | Name:  Institution or Organization:  Department:  Email Address:  Phone: |
|  |  |  |
| **TOTAL AMOUNT REQUESTED** |  |  |

**ONE PARAGRAPH SUMMARY (350-word limit)**

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| --- |
|  |

**Confirmation on compliance with existing rules and regulations.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If Yes, date of committee approval (where applicable) |
| Use of Human Subjects |  |  |  |
| Use of Vertebrate Animals |  |  |  |
| Recombinant DNA |  |  |  |
| Proprietary or Classified Info |  |  |  |
| Non-Clinical lab studies regulated by Assurance Required) |  |  |  |
| Hazardous Chemicals or Biologicals |  |  |  |

**Submitting PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Amount of cost share provided. $\_\_\_\_\_\_.\_\_\_\_\_\_**

**Approval Signature Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

For details see budget sheet or contact Commercialization Program Director, Mike Morley (mcmorley@mtu.edu) for further instructions regarding budgets.

BUDGET TEMPLATE: Excel worksheet found on MTRAC website