

REQUEST FOR FUNDING CONSIDERATION

DATE OF SUBMISSION _____

REQUESTING PARTY NAME _____

Check one: () Agency () University () Laboratory () Corporation () Individual

RESPONSIBLE PARTY: _____

REQUESTING PARTY ADDRESS _____
(postal)

REQUESTING PARTY ADDRESS: _____
(physical)

FED ID#: _____ or SSN# _____

ABSTRACT (250 word minimum, attach separate sheet if necessary):

FUNDING NEEDED: (US\$) _____

TIME ESTIMATED FOR COMPLETION: _____

RCIF Board Action Date: _____ Disposition: _____ Code: _____

Notes: _____

CRITICAL PATH TIME SCHEDULE

SUBMISSION DATE _____

REQUESTING PARTY NAME _____

REQUESTING PARTY ADDRESS _____

ANTICIPATED BEGINNING: _____ (mo) _____ (day) _____ (yr)

MILESTONE: _____

MILESTONE: _____

MILESTONE: _____

MILESTONE: _____

REVIEW: _____

Note: It is understood that the above information is/are planned estimates and variations are acceptable.

The RCI Foundation, Inc. retains 10% of the total amount awarded until the final, deliverable report is presented to the RCI Foundation Board of Directors.

RCIF Board Action Date: _____ Disposition: _____ Code: _____

Notes: _____

MEMORANDUM OF UNDERSTANDING

SUBMISSION DATE _____

REQUESTING PARTY NAME _____

REQUESTING PARTY ADDRESS _____

I do hereby agree to complete RCIF Documents 01.1, 01.2 and 01.4 and that these documents are hereby considered binding, legal and are made a part of this document.

Both the RCIF and Requesting Party or Agency agree to all civil rules of law as they may apply in the State of North Carolina, in the United States of America.

The parties involved also agree that either party may cancel this agreement with the issuance of 30 days written notice which is to include stated cause, but not to include convenience.

Signature : _____ Date: _____
RCIF Chairman

Signature: _____ Date: _____
RCIF Treasurer

Signature: _____ Date: _____
Requesting Agent

RCIF Board Action Date: _____ Disposition: _____ Code: _____

Notes: _____

RCIF FUNDING ALLOCATION SCHEDULE

SUBMISSION DATE _____

REQUESTING PARTY NAME _____

REQUESTING PARTY ADDRESS _____

TOTAL FUND REQUEST: (\$US) _____

FUND DRAW REQUEST DATES: (See attached)

DATE: _____ AMOUNT : _____

DATE: _____ AMOUNT : _____

DATE: _____ AMOUNT : _____

DATE: _____ AMOUNT : _____

DATE: _____ AMOUNT : _____

Signature: _____ Date: _____
Requesting Agent

Signature : _____ Date: _____
RCIF Chairman

Signature: _____ Date: _____
RCIF Treasurer

RCIF Board Action Date: _____ Disposition: _____ Code: _____

Please note, RCI Foundation, Inc. policy mandates that no more than 10% of awarded funds may be used for administrative or overhead costs.

Notes: _____

