

REQUEST FOR RESEARCH FUNDING CONSIDERATION

DATE OF SUBMISSION _____

REQUESTING PARTY NAME _____

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

RESPONSIBLE PARTY ADDRESS: _____

REQUESTING PARTY ADDRESS: _____

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: _____(month) _____(day) _____(year)

MILESTONE: _____

MILESTONE: _____

MILESTONE: _____

MILESTONE: _____

MILESTONE: _____

REVIEW _____

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

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 RCI and the 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: _____
RCIF Chair

Date: _____

Signature: _____
RCIF Treasurer

Date: _____

Signature: _____
Requesting Agent

Date: _____

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: _____
Requesting Agent

Date: _____

Signature: _____
RCIF Chair

Date: _____

Signature: _____
RCIF Treasurer

Date: _____

RCIF BOARD ACTION DATE: _____ DISPOSITION: _____ Code: _____

Notes: _____
