



## **PROPOSAL PLANNING FORM – NSF-MRI Program**

Guidelines and Additional Information can be reviewed here: [http://www.nsf.gov/funding/pgm\\_summ.jsp?pims\\_id=5260](http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=5260)

**FOR INTERNAL CMU USE ONLY** – Email the following to Amy Courter at [court1al@cmich.edu](mailto:court1al@cmich.edu) with the subject line: “MRI 2023 Internal Proposal” by the 5:00pm, October 7, 2022 deadline: 1) Proposal Planning Form with all necessary signatures; 2) one-page description of the instrument, the research it will support, the need for the instrument, anticipated users, and the plan for maintaining the instrument. If your proposal was previously submitted to the NSF MRI program, submit all reviewer comments, review scoring, and an additional one-page response explaining how you will address the reviewer comments in your resubmission.

Principal Investigators selected to move forward with full proposals will be notified by November 4, 2022.

1. **Submission Deadline to ORGS:** October 7, 2022 by 5:00 pm

2. **Today's Date:** \_\_\_\_\_ 3. **Type of Proposal** \_\_\_\_\_ Track 1 (\$100,000 – less than \$1,000,000)  
\_\_\_\_\_ Track 2 (\$1,000,000 - \$4,000,000)

4. **Principal Investigator (PI) & up to four (4) Co-Principal Investigators (Co-PIs):** \_\_\_\_\_

5. **Department(s)/Unit(s):** \_\_\_\_\_

6. **Program:** Major Research Instrumentation

7. **Title of Proposed Project:** \_\_\_\_\_

8. **Project Start and End Dates:** \_\_\_\_\_ to \_\_\_\_\_

9. **Estimated Total Cost of Instrument\*:** \$ \_\_\_\_\_

*\*Cost-sharing of precisely 30% of the total project cost is required and will be calculated by ORGS based on all project costs.*

10. **Staffing Plan** – Please clarify any additional staff (beyond PI/Co-PIs that will be involved on this project-see second page for additional staffing assignments)

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

11. **Project Needs and Special Considerations**

Y N U Does your project involve hiring additional non-student personnel?

Y N U Does your project require space beyond departmental allocations?

Y N U Does your project require any facility modifications or equipment installation?

If “Yes” or “Unsure” to any Project Needs and Special Considerations, please explain:

Are there other required costs that are not recoverable from NSF, but will be required for proper operation of the instrument/equipment? If so, please explain below:

## Additional Personnel and Approvals

### 10. Staffing Plan –continued from page 1

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

Name: \_\_\_\_\_ Role and estimated percent of time: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Co-Principal Investigator Date

\_\_\_\_\_  
Co-Principal Investigator Date

\_\_\_\_\_  
Co-Principal Investigator Date

\_\_\_\_\_  
Co-Principal Investigator Date

*This proposed project is compatible with the goals of the university, the colleges, the departments, and the units involved. Accordingly, it has my recommendation.*

\_\_\_\_\_  
Department Chair Date

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