



Office of Research and Graduate Studies
PROPOSAL PLANNING FORM – NSF-MRI Program

FOR INTERNAL CMU USE ONLY – Complete, keep a copy for your files and return a signed copy, along with the other pre-application materials to Sue Klumpp at klump1se@cmich.edu..

- 1. Today's Date:
2. Type of Proposal Track 1 (\$100,000 - \$1,000,000) / Track 2 (\$1,000,001 - \$4,000,000)
3. Submission Deadline to ORGS: October 2, 2020
4. Project Director(s):
5. Department/Unit:
6. Funding Agency: National Science Foundation
7. Directorate/Center/Institute/Program: Major Research Instrumentation
8. Full Title of Proposed Project (limit 80 characters):
9. Short Title of Proposed Project (limit 20 characters):
10. Project Start and End Dates:
11. Approximate Budget (requested from funding agency):
12. Project Description:

13. Staffing Plan

Table with columns: Name, Role, Percent of time on project (Acad. Year, Summer)

14. University Funds Required: 30% Please talk to your Dean and Chairperson. Total Cost Sharing:

15. Project Needs and Special Considerations

- Y N U Does your project involve research using human subjects?
Y N U If "Yes, have you received approval from the IRB? Date of Approval:
Y N U Does your project involve research using vertebrate animals?
Y N U If "Yes," have you received IACUC approval? Date of Approval:
Y N U Does your project involve the use of Recombinant DNA
Y N U If "Yes," have you received IBC approval? Date of Approval:
Y N U Does your project involve any of the following:
Y N U Blood borne pathogens
Y N U Biohazards, chemical hazards, radiation hazards, other safety concerns
Y N U If "Yes," to any items above, have you read the CMU policy related to the specific item?
Y N U Does your project involve hiring additional personnel?
Y N U Does your project require space beyond departmental allocations?
Y N U Does your project require any space renovations, wiring, plumbing, etc.?
Y N U Does your proposal commit the University after completion of the project?
Y N U Does your project use any unmanned aerial vehicle technology?
Y N U Does your project involve a human clinical trial?
Y N U Does your project involve the use of controlled substances that are subject to federal and state drug enforcement laws?
Y N U If "Yes," list the controlled substances you will be using along with your license information.
Y N U Does your project involve activities that may produce inventions, discoveries, patents, or copyrights?

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

Project Director Date Department Chair Date
Dean Date