

**COVER SHEET  
COLLEGE OF HEALTH SCIENCES  
NON-RECURRING BUDGET REQUEST**

A. Requesting Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_ Professor \_\_\_\_ Associate \_\_\_\_ Assistant \_\_\_\_ Instructor Title Series: \_\_\_\_\_

B. Co-applicant(s): Name/Rank/Department/College

\_\_\_\_\_  
\_\_\_\_\_

C. Period of Proposed Project \_\_\_\_\_ to \_\_\_\_\_

D. Title of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

E. Type of Request: \_\_\_\_ NEW \_\_\_\_ CONTINUATION

Research Proposal:

- \_\_\_\_ a. Research Assistant
- \_\_\_\_ b. Supplies/materials
- \_\_\_\_ c. Research Services
- \_\_\_\_ d. Other \_\_\_\_\_

Education Proposal:

- \_\_\_\_ a. Teaching Assistant
- \_\_\_\_ b. Instructional supplies/materials
- \_\_\_\_ c. Services
- \_\_\_\_ d. Other \_\_\_\_\_

Research Equipment:

- \_\_\_\_ a. Hardware
- \_\_\_\_ b. Software
- \_\_\_\_ c. Other \_\_\_\_\_

Instructional Equipment:

- \_\_\_\_ a. Hardware
- \_\_\_\_ b. Software
- \_\_\_\_ c. Other \_\_\_\_\_

Administrative

- \_\_\_\_ a. Supplies
- \_\_\_\_ b. Equipment

Other

- \_\_\_\_ a. Supplies
- \_\_\_\_ b. Equipment

F. Review/Approval Required by University Policy & Federal Law for all research projects

Y

N

HUMAN SUBJECTS

{ } { } Does this project involve the use of human subjects? If yes, the project MUST be reviewed and approved by the appropriate Institutional Review Board (IRB).

IRB protocol number \_\_\_\_\_ Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_

ANIMAL SUBJECTS

{ } { } Does this project involve the use of animal subjects? If yes, the project MUST be reviewed and approved by the Institutional Animal Care and Use Committee (IACUC).

IACUC protocol number \_\_\_\_\_ Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Y      N

HAZARDOUS MATERIAL

{ }      { } Does this project involve the use of any RADIOACTIVE or BIOLOGICALLY or CHEMICALLY hazardous material (e.g. recombinant DNA, pathogenic organisms, chemical carcinogens)? If yes, the project MUST be approved by the Director of Human Safety and Environmental Health.

Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_

G. Review/Approval required by MIT for all hardware/software requested

{ }      { } Has this request been reviewed by the College MIT so as to eliminate unnecessary duplication of equipment and software items that could otherwise be shared? Are the capabilities of the request items consistent with the service support capabilities? If yes, the MIT should initial.

Date Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ MIT Initials \_\_\_\_\_

H. Itemized listing of requested funds

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

I. Total Amount Requested from Non-Recurring fund \$ \_\_\_\_\_

J. Attach a detailed description of proposed use of funds with expected outcomes. If the request is a continuation, provide a summary of progress to date and of any products (manuscripts, grant applications, etc.) from the research.

K. Signatures

\_\_\_\_\_  
Applicant (Requesting Applicant)/Department

\_\_\_\_\_  
Division Director

\_\_\_\_\_  
Co-Applicant(s), if applicable

\_\_\_\_\_  
Chair

**CHS ADMINISTRATION USE ONLY**

**Amounts and sources of other funds directly applied to this request:**

- 1) Current grant or contract account \$ \_\_\_\_\_
- 2) Department account \$ \_\_\_\_\_
- 3) Division account \$ \_\_\_\_\_
- 4) Center or Institute account \$ \_\_\_\_\_
- 5) College account \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_