

**UNM HEALTH SCIENCES CENTER
RESEARCH SUPPORT EQUIPMENT FUNDING REQUEST
FY 2008-09**

PI NAME: _____

REQUEST NUMBER _____
(leave blank)

DEPARTMENT: _____

TITLE OF REQUEST/NAME OF EQUIPMENT: _____

TOTAL REQUESTED FUNDS: (Include shipping if applicable) _____

COST-SHARE FUNDS AND SOURCE: _____

Initials of Chairperson

CORE FACILITY ___ YES ___ NO

If YES, name of Core Facility _____

Initials of Core Director

INTERDISCIPLINARY (check all that apply):

___ CON ___ COP ___ SOM ___ Other (please specify) _____

USE ADDITIONAL PAGES AS NECESSARY TO ADDRESS THE FOLLOWING QUESTIONS

JUSTIFICATION OF REQUEST: (1-2 pages plus itemized cost estimates including shipping)

MULTIPLE USER (but not Core Facility) ___ YES ___ NO

If YES, explain how the equipment will be made available for shared use. (Use additional pages as needed)

Include a **one-sentence** statement of the proposed use for each investigator listed on the application with the **investigator's signature**.

DOES THE APPLICATION INVOLVE AN UPDATE OF EXISTING EQUIPMENT OR NEW TECHNOLOGY? ___ YES ___ NO

If YES, state how the equipment fits into this category. (1 page maximum)

If YES, does it meet HSC IT standards? ___ YES ___ NO

IS THE REQUESTED EQUIPMENT A DUPLICATION OF EQUIPMENT AVAILABLE WITHIN THE INSTITUTION?

___ YES ___ NO

If YES, state location of current equipment and why it cannot be used for your application (1 page maximum). If you do not know, contact the HSC Office of Research, 272-6950.

EXTRAMURAL FUNDING: Provide plan for extramural funding (1 page maximum)

FUNDING SOURCES: Provide a listing of funded research (internal and external) for those investigators sponsoring the request, to include principal investigator name, project name, funding source and number, duration, and annual direct costs. Below is a suggested format.

| PI or User | Funding Agency & Grant Number | Title | Annual Direct \$ | Project Period |
|----------------|-------------------------------|------------------------|------------------|------------------|
| John Doe | NIH RO1CA85747 | Studies of XYZ | 100,000 | 1/1/06-12/31/09 |
| (Jane Doe, PI) | NIH P50HL23232 | Ctr of Excellence in X | 750,000 | 9/1/03-8/31/08 |
| Paula Zane | ACS | Cancer of ABC | 70,000 | 11/1/08-10/31/09 |