

Title of Proposal

*Replace the above text and these instructions with a descriptive title including generic name/type of the instrument/equipment to be acquired, upgraded, or repaired**

Principal Investigator

Replace these instructions with the name of one corresponding PI, including academic rank or title, College, Department or Center/Institute, and email address.

Co-Principal Investigator(s)

Replace these instructions with the name of one or more Co-PIs involved in the proposal, including academic rank or title, College, Department or Center/Institute, and email address.

Description of Instrument/Equipment

Replace these instructions with a description of the instrument/equipment requested and a summary of the capabilities of such instrument/equipment.

Description of Research Programs

Replace these instructions with a description of the research program(s) that will benefit from the instrument/equipment.

List of Primary Users

Replace these instructions with a list of potential primary users of the equipment other than the PI and Co-PI(s). This list should include name, College, Department or Center/Institute. This list should be as inclusive as possible, but does not preclude others from using the equipment.

Justification of Need

Replace these instructions with a brief description of how the instrument/equipment will benefit NC State research programs. Included should be an explanation of why this request is timely, identify research approaches that are not currently addressed and will be facilitated by this acquisition/repair/replacement/upgrade. Include in this response:

- *The number of primary users and the nature of the benefit they will receive;*
- *The number of potential users, their affiliations and the nature of the benefits they will receive;*

- *How the requested and matching funds will be used for repair and/or maintenance, upgrade, infrastructure improvements; and*
- *The projected impact on future recurring costs and recharge rates.*

Requested Funding Amount

Replace these instructions with a dollar (\$) amount not to exceed \$25,000.

Matching Funds

Replace these instructions with the source of the matching one-to-one cash funds.

Budget

Replace these instructions with a statement that, if funded, the total cost of the instrument/equipment is fully covered by the requested and matching funds. If the cost exceeds \$50,000, indicate that funding is available via a combination of external and internal funding sources (please name the external sources).

Attachments

Attachments are not included in the 5 page limit of the proposal. Required attachments include:

- *An up-to-date NIH- or NSF-formatted biosketch or CV for the PI and each Co-PI (2 page maximum).*
- *Relevant current and pending support for the PI (include sponsor, title of project, the project period, and the total amount of support)*
- *Letters of support from primary users (email correspondence is acceptable)*
- *One (or more) quote(s) from vendor(s)*
- *Letter(s) of support for the one-to-one cost match including contact information for the source*

**Replace all text in italics in this template with your proposal information, changing the font from italic to regular. Do not change the margins, typeface, type size, or line spacing in this document.*