



Research Investment Application

Requesting Area (Department/School/Center/Institute)

Contact for questions or additional information related to this request

Requested Investment Type

Please select one and complete any applicable supplementary questions based on your selection.

Startup Funds

Renovations/Construction

Equipment

Salary Support

Other (*please explain*)

Is this request in support of a Core Facility/Recharge Center? Yes No

Core Facility Name

Requested Amount

Date Funds Needed

Please list all other Investment Requests (including Enhancement Programs) awarded to the requesting department/school/center/institute in the past five years and indicate whether or not the agreed-upon deliverables were achieved. If not, please include a description as to why.

Investment Request	Dollar Amount	Deliverables Met? (Y/N)

**Executive Summary of the Need**

Describe the need for the requested funds, including why other funding sources are not available to cover the expense and how the investment will support and/or grow the Research mission at the institution.

Return on Investment

Investment requests must demonstrate a clear return on investment to the institution—equal to or greater than the requested funding amount—to be eligible for consideration. Please describe how the proposed investment will benefit the institution by generating or saving at least the requested amount. For example, an expected return on a startup package investment would be the investigator generating at least the requested amount in earned indirects over a period of time. An expected return on a piece of equipment would be the generation of additional revenue (as in the case of core facilities) or additional extramural funding that would not have been possible without the equipment.



Eligibility Requirement Fulfillment

Does the proposed request meet all of the following eligibility criteria?

Will support/grow research and discovery at UMMC

Demonstrates a clear return on investment to the institution equal to or greater than the requested funding amount

Has measurable, achievable deliverables

Is backed by the department/school/center/institute requesting the investment should deliverables not be met and repayment be required

By signing below, I certify the above is true and accurate to the best of my knowledge.

Department Chair/School Dean/Center Director Signature

Date



Startup Funds Supplementary Questions

Faculty Candidate's Name

Faculty Candidate's Academic Rank

Anticipated Start Date

Awards Transferring with Candidate, or if Existing UMMC Faculty, Active Awards

Sponsor/Award Number	Project Start/End Dates	Unexpended Direct Funds	Unexpended Indirect Funds	Total Funds Unexpended

Pending Submissions

Sponsor/Grant/Contract Type	Project Start/End Dates	Requested Direct Funds	Requested Indirect Funds	Total Funds Requested



What percent of time will the Candidate dedicate to research over the next three years?

Outline the Candidate's research productivity and funding requirements for the next three years.

Will the Candidate have obligations to the Education and Clinical missions? If yes, please explain their contributions/obligations.

Attachments Included:

Candidate's CV and/or Biosketch

Startup Funds Budget Template



Salary Support Supplementary Questions

Salary support is provided for up to 12 months. Additional requests for salary support must be re-submitted and approved annually.

Employee's Name

Employee's Job Title

Employee's Current Salary

Requested Support

% of Salary	Total Amount
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Requested Start Date

Please describe the department/school/center/institute's plans to sustain the employee's salary beyond the 12-month period.



Equipment Supplementary Questions

Equipment Name

Amount

Where will the equipment be housed?

What user(s) will have access to the equipment?

Will a fee be charged to use the equipment? Yes No
If yes, complete the Equipment Budget Template

Will the equipment require a service contract? Yes No
If yes, complete the Equipment Budget Template

Will operation of the equipment require a specialized technologist? Yes No
If yes, complete the Equipment Budget Template

Has Supply Chain/Strategic Sourcing been consulted on this purchase? Yes No

Attachments

Quote(s)

IFB or RFP (if applicable)

Equipment Budget Template



Renovations/Construction Supplementary Questions

Will funds be used to supplement new construction? Yes No

Please describe, in detail, the purpose of the new construction. Attach site plans, blueprints, renderings and other details as needed.

Will funds be used to renovate existing construction? Yes No

Please list the building and room numbers to be renovated

Building:	Building:
<i>List room numbers below</i>	<i>List room numbers below</i>

Please explain, in detail, the purpose of the renovations. Attach site plans, blueprints, renderings and other details as needed