**RESEARCH EQUIPMENT RESERVE FUND (RERF)**

**Application Form for 2019**

**Submission Instructions:**

Submit this completed application form and the following documents electronically as a PDF document to [Incentive](mailto:debbie.delmore@oregonstate.edu).Programs@oregonstate.edu (***signatures required***).

* Item 3: Resubmittals: letter to address reviewers’ comments
* Item 5A and 5B: Suggested reviewers (provide three); reviewers who shouldn’t review due to COI (up to three along with reasons for each).
* Item 8: Letter(s) of support (required)
* Item 9: Detailed Budget
* Item 10: Equipment specifications, detailed cost quotes
* Item 11: Annual Budget for operations and maintenance
* Items 12 – 15: Description of equipment request
* Item 16: Fabricated Equipment Unit Pre-approval Form (if applicable)
* Item 17: Biosketch for Principal Investigator and Co-investigators
* Item 19: Prior Funding
* Item 20: Signatures

*Attach documents to the back of the original application and include in the PDF document.*

**Proposals must be received by 5:00 P.M. [PST] on the deadline date of Friday, March 15, 2019**. Firm Deadline

**Incomplete proposals and proposals NOT following the guidelines and format (including spacing, font size, margins and page limits) will NOT be considered for funding.**

To review RERF program guidelines go to: [Research Equipment Reserve Fund (RERF)](https://research.oregonstate.edu/incentive-programs/research-equipment-reserve-fund)

**RESEARCH EQUIPMENT RESERVE FUND (RERF)**

**Application Form for 2019**

1. **Principal Investigator (PI) Name**

**Rank:**

**Department: College:**

**Phone: Email:**

1. **TITLE of Requested Equipment:**
2. **Is this a resubmittal:** □ Yes□ No

If so, you must provide a letter explaining how you have specifically addressed the reviewer’ comments from the previous submission *(limit one page)*.

1. **Equipment information:**

*(check one)* □ New Purchase/Construct □ Upgrade Existing

*(check one)* □ New Capability □ Replace/Repair Existing Equipment

*(check one)* □ Intended to serve the needs of a single research group

□ Intended to serve as a departmental or Research Center resource

□ Intended to serve as a broadly accessible shared facility or service center

□ Intended to serve both research and instructional missions of OSU

**NOTE:** If the equipment, facility, or services are to be accessible in any way to the greater OSU community, upon receiving an award you are asked to provide the information for the Shared Facilities resource at <http://research.oregonstate.edu/shared-research-facilities-and-services>.

1. **A**. Suggested Reviewers (provide three names):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Area of Expertise** | **Title** | **Dept.** | **College** | **Email** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Conflict of Interest:** Suggested reviewers should not be in the same department, have served as co-authors or co-investigators with the PI in the last five years, nor should they be collaborators on this proposed project. Similarly, PIs should not suggest former post-doctoral advisors, or former students as potential reviewers. These policies are established to minimize the risk of a potential conflict of interest in the review process. Failure to abide by these policies will result in administrative withdrawal of the proposal.

**B**. *Optional*: Reviewers (up to three) who shouldn’t review with reasons

1. **Where will the requested equipment be housed?**

**Who is the primary custodian (if different from PI)**

1. **Co-Investigator(s) (Co-Is) Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | **Phone** | **Email** |
| **1)** |  |  |  |
| **Role in the project:** | | | |
| **2)** |  |  |  |
| **Role in the project:** | | | |
| **3)** |  |  |  |
| **Role in the project:** | | | |

1. **Other investigators who support this acquisition/action:**

NOTE: The PI must obtain a letter of support *(limit one page)* which consists of a signed acknowledgement from each of the individuals listed stating that they have agreed to be so recognized and certifying that they have a legitimate need for the equipment being sought in the proposal*. (Investigators other than PI or Co-I(s) who will use the requested equipment)*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department or Professional Organization** | **College (if applicable)** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **DETAILED BUDGET:**

|  |  |
| --- | --- |
|  | **Amount Requested**  Round to Whole Dollars |
| **Total Cost of Equipment** |  |
| **Matching Funds** (See table below) |  |
| **TOTAL RERF FUNDS REQUESTED**  (Total Cost of Equipment minus Matching Funds) |  |

|  |  |
| --- | --- |
| **Total Cost of Equipment** | **Minimum percentage of total from Matching Funds** |
| $5,000 to $10,000 | 15% |
| $10,001 to $25,000 | 20% |
| $25,001 to $50,000 | 25% |
| $50,001 to $75,000 | 30% |
| Over $75,000 | 40% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unit authorizing Matching Funds (signature on last signature page REQUIRED)** | **Index of Source of Matching Funds** | **Amount** | **% of Total Cost** |
|  | Research Office | RO | $ |  |
| #1 | Enter Authorizing Unit Name |  | $ |  |
| #2 | Enter Authorizing Unit Name |  | $ |  |
| #3 | Enter Authorizing Unit Name |  | $ |  |
| #4 | Enter Authorizing Unit Name |  | $ |  |
|  | ***TOTALS*** |  | $ | ***100.0%*** |

* Add rows as needed for additional match. Also add signature lines on last page.
* **Itemize** each source and amount of matching funds, **signature(s) required** of the individual(s) authorizing funds on signature page. Grant funds may be used for matching funds, but RERF money may not replace funds originally budgeted in the grant to purchase the requested piece of equipment.
* Please check with your accountant before listing restricted funds as a match source.
* Funds originating from the Research Office (e.g. capital equipment start-up funding) cannot be used as a source of the required match.
* Together, these amounts must equal the total amount of matching funds*.*

1. Provide equipment specifications, descriptions and cost quotes *(limit four pages).*
2. Provide an annual budget for operation and maintenance of the proposed equipment, indicate source of funds *(limit one page).*
3. **Transfer Award Funds to Index:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Index Code** | **Activity Code** | **Fund** | **Dept./Unit to Transfer Award Funds** |
|  |  |  |  |
| *(Contact your department/Business Center accountant for this Index Code – must have fund 001145.* | | | |

**For items 13 – 17, use up to five additional pages to describe the equipment request** *(single-spaced, 12 pt. font, one inch margins).* The information you provide will be evaluated using the criteria listed in the [RERF guidelines.](https://research.oregonstate.edu/incentive-programs/research-equipment-reserve-fund) Consider these evaluation criteria as you provide the following information:

1. Justification of the need for this equipment, including descriptions of the science/research being supported through this equipment request, and how, and by whom, the equipment will be used. *(see Evaluation Criteria in the Guidelines)*
2. Description of the research project(s) that will benefit and the potential for the leveraging of future funding opportunities if this proposal were funded. Ex: does the project develop pilot data to support an application to an upcoming agency request for proposals?
3. Description of partnerships with industry or other external collaborations *(if applicable).*
4. Brief statement describing how the proposal aligns with [SP4.0](https://leadership.oregonstate.edu/strategic-plan)
5. Description of similar equipment/facilities available on campus. If such equipment is available, describe why this procurement/repair is justified. *(see Evaluation Criteria in the Guidelines)*
6. Fabricated Capital Equipment <https://fa.oregonstate.edu/pro-manual/200-equipment-acquisition/210-fabrication> - A **signed** OSU Fabricated Equipment Unit Pre-approval Form and basic schematic diagram which demonstrates how the parts work together are **required** *(if applicable).*
7. Biosketch for the Principal Investigator and Co-Is; list education, academic/professional appointments, up to five publications closely related to the proposed equipment request, and up to five other significant publications *(limit four pages, single-spaced, 12 pt. font, 1 inch margins).*
8. Prior funding from the Research Office *(RERF, start-up funding, etc.)* during the past five years. *(Include source, amount, dates, and project title(s). Indicate whether all required final reports have been appropriately submitted. Recipients who fail to submit the required final reports will be ineligible to receive future funding from the Research Office, Incentive Programs.)*
9. **SIGNATURES (required):***.*

Date:

**Principal Investigator Signature**

The signature of the PI gives Oregon State University, Research Office permission to post the final report on the Research Office web site for the sole purpose of sharing information about research.\*

Date:

**Department Head/Chair Signature**

Date:

**College Dean Signature**

Date:

**Matching Unit # 1 (Name/Title)**

Date:

**Matching Unit # 2 (Name/Title)**

Date:

**Matching Unit # 3 (Name/Title)**

Date:

**Matching Unit # 4 (Name/Title)**

\* If there is a valid reason for not wanting the final report posted on the web site, submit the justification *(limit one page).*