**Equipment Fund Request Form**

Please complete the cover sheet and budget form by entering information into the data boxes and attaching additional documents as required by the guidelines for the Equipment Fund.

Once the application is complete, including all required signatures, please scan the entire application package into one PDF file and send an electronic version to the Office of Sponsored Programs at [OSP@butler.edu](mailto:OSP@butler.edu). Hard copies of applications will not be accepted. Proposals submitted that do not comply with current Equipment Fund guidelines or that are not submitted by the posted deadline will be returned without review.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | E-Mail: | | | Phone: | |
| College: | | Department: | | | | |
| Number of years at Butler: | | Not tenure-track: | | Tenure-track: | | Tenured: |
| Is this project currently funded? | | If yes, please provide information about the funding source and project name: | | | | |
| Equipment Fund request amount:  $ | College match  amount (at least  50% match required):  $ | | Funding source for college match:   Dept. budget  Dept. gift fund  Startup fund  Grant  Other (please clarify:      ) | | | Equipment Total Cost (fund and match total):  $ |
| Research project title: | | | | | | |
| Justification for equipment purchase: | | | | | | |
| Is this equipment currently available on campus?  **Yes**  **No**  **If yes, please justify use of Equipment Fund for the purchase:** | | | | | | |
| Does this project include one of the following? (check all that apply)  Collaboration with two or more departments Faculty-student research collaboration  Interdisciplinary research or collaboration with an external entity **(list entity:      )** | | | | | | |

**SIGNATURES**

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Program Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Fund Request Form**

**Line Item Budget Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Name/model/item #** | **Price per unit** | **Equipment Fund Request** | **Match  (Minimum 50% match required)** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**Please note: Equipment Fund Request Column + Match Column should add up to amount in Total Cost**

**CHECKLIST**

Cover sheet (including signatures)

Budget form

Equipment description (for each item being requested)

Appendix (Please include a copy of the quote from the vendor for the purchase)

If successful, my application may be shared as an example for other applicants: Yes  No

|  |
| --- |
| For OSP Internal Use Only  Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |