

## Project Proposal Form

**Note:** In addition to this form, a separate User Information form must be filled out for each user. All required forms can be found [online](#).

Date:	<b>For Center Use Only:</b>		
	Proposal No.:	Date Received:	
Project Title:			
Principal Investigator(s):	Title:	Phone:	Email:
Organization:			
Department:			
Street Address:			
State:		Zip Code:	
Telephone:		Fax:	
Proposed Start/Renewal Date:		<b>For Center Use Only:</b>	
		Actual Start Date:	
Personnel Involved*:	Title:	Phone:	Email:
CINS Collaborators and Contacts (if any):			

Describe the research to be conducted at CINS (be as specific as possible. This column may be expanded up to a page if necessary):

Describe the overall research related to this proposal (this column may be expanded up to a page if necessary):

Describe any preliminary research (this column may be expanded up to a page if necessary):

List any previous work done at CINS:

List all instruments to be used and user's name:

Instrument:	User Name(s):	Previous Training (Y/N, date):

Describe any hazardous (physical, chemical, biological, radiation, etc.) material(s) being used and their possible dangers. MSDS for each specimen must be provided before any instrument usage begins. (This column may be expanded up to as many pages as necessary.)

<b>Billing Information</b>	
Institution Name:	
Purchase Order Number to Charge:	
Billing Address:	
Phone:	Fax:
Billing Contact (Name and Title):	Email:
<b>Authorizing Signature by Billing Contact:</b> <i>I understand that my institution will be charged for usage time and fees associated with utilizing CINS facilities and instrumentation, and I authorize our institution to pay these fees.</i>	
Date:	
Principal Investigator(s) (Name and Title):	Email:
<b>Authorizing Signature by Principal Investigator(s):</b> <i>We, the Principal Investigator(s) of this Proposal, have read and agree to abide by the <a href="#">CINS Facility Rules and Guidelines</a>. We also agree to supervise our research group to ensure adherence to the CINS Facility Rules and Guidelines. We understand that our institution will be charged for usage time and fees associated with utilizing CINS facilities and instrumentation, and we authorize our institution to pay the fees.</i>	
_____ Principal Investigator #1	_____ Date
_____ Principal Investigator #2	_____ Date
_____ Principal Investigator #3	_____ Date
_____ Principal Investigator #4	_____ Date
Limit of Charges (if applicable):	Expiration date (if applicable):