

# Snyder Research Equipment Grant Application

## Applicant(s)

| Applicant              | Applicant Name | Applicant Signature | Date |
|------------------------|----------------|---------------------|------|
| Principal Investigator |                |                     |      |
| Co-Applicants          |                |                     |      |
|                        |                |                     |      |
|                        |                |                     |      |

## Request Information

|                          |   |  |  |
|--------------------------|---|--|--|
| Equipment Requested      |   |  |  |
| Amount Requested         |   |  |  |
| Source of Matching Funds |   |  |  |
| Type of Request          | <input type="checkbox"/> New Equipment <input type="checkbox"/> Equipment Upgrade<br><input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> Equipment Replacement<br><input type="checkbox"/> Shipping/Delivery/Customs <input type="checkbox"/> Equipment Training<br><input type="checkbox"/> Software <input type="checkbox"/> Other: _____ |  |  |
| Placement                | <input type="checkbox"/> Snyder Core <input type="checkbox"/> Common area <input type="checkbox"/> Individual laboratory  |  |  |

Please attach quote or invoice (if retroactive) for the equipment.

### Justification

Check and complete the justification section for any item that is applicable to your application.

Note: Not all items need to be checked for the application to be considered.

| Merit and Potential Impact  |
|---|
| <input type="checkbox"/> Enhances the research capabilities and profile of the investigator<br>Justification:                     |
| <input type="checkbox"/> Supports research that is currently peer reviewed funded<br>Justification:                               |
| <input type="checkbox"/> Enhances investigator's ability to attract peer reviewed funding<br>Justification:                       |
| <input type="checkbox"/> Addresses a strategic priority of the Snyder Institute<br>Justification:                                 |
| <input type="checkbox"/> Addresses a health outcome problem OR addresses a major block to research productivity<br>Justification: |
| <input type="checkbox"/> Has a plan for describing outputs and effectiveness<br>Justification:                                    |

| <b>Need</b>  |
|--|
| <input type="checkbox"/> Similar equipment is not available in vicinity<br>Justification:                            |
| <input type="checkbox"/> Need to upgrade or replace obsolete or failed equipment<br>Justification:                   |
| <input type="checkbox"/> Facilitates research that is not possible with the present infrastructure<br>Justification: |

| <b>Compatibility and Synergy</b>  |
|---|
| <input type="checkbox"/> Equipment realistically enhances the research endeavors of the co-applicants and other investigators<br>Justification: |
| <input type="checkbox"/> Synergy with other equipment and/or research programs<br>Justification:  |

  

| <b>Funds Requested</b>   |
|--|
| <input type="checkbox"/> Plans have been made to cover operating and maintenance costs<br>Justification: |