# Research Equipment Competition Form

## 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 | [ ]  New Equipment | [ ]  Equipment Upgrade |
| [ ]  Equipment Maintenance | [ ]  Equipment Replacement |
| [ ]  Shipping/Delivery/Customs | [ ]  Equipment Training |
| [ ]  Software | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Placement | [ ]  Snyder Core | [ ]  Common area | [ ]  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.

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| **Merit and Potential Impact** |
| [ ]  Enhances the research capabilities and profile of the investigator | [ ]  Supports research that is currently peer reviewed funded |
| Justification:       | Justification:       |
| [ ]  Enhances investigator’s ability to attract peer reviewed funding | [ ]  Addresses a strategic priority of the Snyder Institute |
| Justification:       | Justification:       |
| [ ]  Addresses a health outcome problem OR addresses a major block to research productivity | [ ]  Has a plan for describing outputs and effectiveness |
| Justification:       | Justification:       |
| **Need** |
| [ ]  Similar equipment is not available in vicinity | [ ]  Need to upgrade or replace obsolete or failed equipment  |
| Justification:       | Justification:       |

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| [ ]  Facilitates research that is not possible with the present infrastructure |
| Justification:       |
| **Compatibility and Synergy** |
| [ ]  Equipment realistically enhances the research endeavors of the co-applicants and other investigators |
| Justification:       |
| [ ]  Synergy with other equipment and/or research programs |
| Justification:       |
| **Funds Requested** |
| [ ]  Plans have been made to cover operating and maintenance costs |
| Justification:       |