

Research Start-up Request Form

Please use this form for all start-up requests.

All requests must include a résumé/cv research plan, and an explanation for the use of funds.

Your Name: _____
Campus Address: _____
Department: _____
College: _____
Date of Offer: _____ Start Date: _____

Amount of Start-up Requested

	Year 1	Year 2	Year 3
Fiscal Year:	_____	_____	_____
Equipment:	_____	_____	_____
Renovation/Construction:	_____	_____	_____
Other:	_____	_____	_____
Total:	_____	_____	_____

Amount of Start-up Provided by Dept. or College

	Year 1	Year 2	Year 3
Amount:	_____	_____	_____
Planned Use:	_____		

Signature of Department Chair: _____ Date: _____

Signature of College Dean: _____ Date: _____

Please send to:
Office of the Vice President for Research
209 Alumni Hall
Orono, ME 04469-5703

Or fax to 207.581.1300

Phone 207.581.1506 with questions

Allow 5 business days for approval process.
Requests for \$10,000 or more require EVP/
Provost approval. Upon approval, a copy
of this form will be returned to the principal
investigator.

Approvals

VP Research Signature: _____ Date: _____

Check One: R&D IDC

Funding Level: \$ _____

EVP/Provost Signature: _____ Date: _____