



# New Project Application Form

**Project Title:**

**Start Date:** Month / / Year

**End Date:** Month / / Year

## Section I: Principal Investigator

**Date:** Month / / Year

**Name:**

**Organization:**

**Department:**

**Address:**

**Office Phone:** - -

**Mobile Phone:** - -

**FAX:** - -

**E – Mail:**

## Section II: Authorized Personnel

<b>Last Name:</b>	<b>Name:</b>	<b>Title:</b>	<b>Affiliation:</b>
<b>Office Phone:</b>	- -	<b>Mobile Phone:</b>	- - E-Mail:
<b>Last Name:</b>	<b>Name:</b>	<b>Title:</b>	<b>Affiliation:</b>
<b>Office Phone:</b>	- -	<b>Mobile Phone:</b>	- - E-Mail:
<b>Last Name:</b>	<b>Name:</b>	<b>Title:</b>	<b>Affiliation:</b>
<b>Office Phone:</b>	- -	<b>Mobile Phone:</b>	- - E-Mail:
<b>Last Name:</b>	<b>Name:</b>	<b>Title:</b>	<b>Affiliation:</b>
<b>Office Phone:</b>	- -	<b>Mobile Phone:</b>	- - E-Mail:
<b>Last Name:</b>	<b>Name:</b>	<b>Title:</b>	<b>Affiliation:</b>
<b>Office Phone:</b>	- -	<b>Mobile Phone:</b>	- - E-Mail:

## Section III: Billing Information

FAS Account # (NCSU Users): (Required) \_\_\_\_\_

Purchase Order # (External Users): (Required) \_\_\_\_\_

**Period of Authorization:**

**From:** Month /            / Year

**To:** Month /            / Year

Billing EMAIL Address (Required): \_\_\_\_\_

Shipping Address: (optional) \_\_\_\_\_

Fedex Account Number:(optional) \_\_\_\_\_

## Section IV: Project Description

**A. Project Objectives:**

**B. Funding Agency (for academic projects)**

**C. How would you categorize your project (choose all that apply):**

Electronics     Optics     MEMS     Life Sciences     Medicine     Education

Other:

**D. Substrate Material and Sample Sizes:**

**E. Describe any unusual or special requirements of your proposed project (e.g., non-standard substrates, unusual materials to be encountered during process, new chemicals, etc.):**

The facility charges can be monitored daily by the users through our online tracking system. The invoices are sent to the principal investigators at the end of each month. The signature of the principal investigator below authorizes the NCSU Nanofabrication facility to charge the monthly total for services provided to the authorized users.

Remote users can request an estimate from the laboratory manager for specific jobs. The final fee will be determined by the actual use of the materials/supplies and the time spent on each task.

User/PI Signature: (Required) \_\_\_\_\_ Date:        /        /

Printed Name (Required) \_\_\_\_\_

**FOR INTERNAL NCSU APPLICANTS ONLY:**

**Note: This application cannot be processed without Contract Manager signature and questions answered below:**

**(The Contract Manager Is The Person Managing and Validates The Funds For this Account)**

Contract Manager Signature: (Required) \_\_\_\_\_ Date:        /        /

Printed Name (Required) \_\_\_\_\_

(Required) Are the funds for this account validated? Check One: Yes \_\_\_\_\_ No \_\_\_\_\_

(Required) Anticipated Funding End Date to be approved in WRS: \_\_\_\_\_

(Optional) Additional Comments \_\_\_\_\_

Please e-mail this form to NNF Staff Associate:

Sharon Guidry  
NC State University  
MRC Building  
Centennial Campus, Box 7920  
Raleigh, NC 27695-7920  
e-mail: [sguidry@ncsu.edu](mailto:sguidry@ncsu.edu)

## **Section V: Project Approval (NNF Use Only)**

The above project has been approved and the work can begin immediately.

Authorizing NNF Staff: \_\_\_\_\_

NNF Process Engineer: Nicole Hedges NNF Associate Lab Manager \_\_\_\_\_

Assigned NNF Mentor: Marcio Cerullo NNF Lab Manager \_\_\_\_\_