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

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Name:</th>
<th>Title:</th>
<th>Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone:</td>
<td>- -</td>
<td>Mobile Phone:</td>
<td>- -</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Name:</th>
<th>Title:</th>
<th>Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone:</td>
<td>- -</td>
<td>Mobile Phone:</td>
<td>- -</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Name:</th>
<th>Title:</th>
<th>Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone:</td>
<td>- -</td>
<td>Mobile Phone:</td>
<td>- -</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Name:</th>
<th>Title:</th>
<th>Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone:</td>
<td>- -</td>
<td>Mobile Phone:</td>
<td>- -</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the Authorized Personnel be accessing the lab or working with NNF Staff?

______________
(If no lab access is needed the Safety Test is not required)
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) ______________________________

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: squidry@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 __________________

Revised: June 21, 2017