RESEARCH EQUIPMENT RESERVE FUND (RERF) Application Form for 2021

l.	Principal Investigator (PI) Name									
	Rank:									
	Unit (Department/School/College/Center or Institute):									
	Phone:Email:									
2.	TITLE of Req	FITLE of Requested Equipment:								
3.	Is this a resub	mittal:	Yes	No						
1.	Equipment information:									
	(check one) New Purchase/Construct Upgrade/replace/repair existing equipment									
5.		Intended to serve as a dept/school/college/center or institute resource Intended to serve as a broadly accessible shared facility or service center Intended to serve both research and instructional missions of OSU Intended to anticpate need and use by industry Suggested Reviewers (provide three names, internal to OSU):								
	Name	Area of Expertise	Title	Unit						
				n the same department/school/center or						
	institute as the Principal Invetogator (PI), have served as co-authors or co-investigators with the PI in the last five years, nor should they be collaborators on this proposed project. Similarly, PIs should not suggest former post-doctoral advisors, or former students as potential reviewers.									
5.	Where will the	e requested equ	aipment be hou	sed?						
	Who is the pri	imary custodia	n (if different f	rom PI)						
7.	Co-Investigate	or(s) (Co-Is) In	formation (add	more rows as needed):						
	Name	Title	Unit							

8. Budget information:

	Amount Requested Round to Whole Dollars		
Total Cost of Equipment	=======================================		
Matching Funds (See table bel	ow)		
TOTAL RERF FUNDS REQU			
(Total Cost of Equipment minus	s Matching Funds)		
Total Cost of Equipment	Minimum percentage of total from Matching		
	Funds		
\$5,000 to \$10,000	15%		
\$10,001 to \$25,000	20%		
\$25,001 to \$50,000	25%		
\$50,001 to \$75,000	30%		
Over \$75,000	40%		

Unit authorizing Matching Funds	Name and title of authorizing official	Index of Source of Matching Funds	Amount	% of Total Cost
Authorizing Unit			\$	
Name				
Authorizing Unit			\$	
Name				
Authorizing Unit			\$	
Name				
Authorizing Unit	·		\$	
Name				
TOTALS			\$	100.0%

- Add rows as needed for additional match.
- Itemize each source and amount of matching funds. Grant funds may be used for matching funds, but RERF money may not replace funds originally budgeted in the grant to purchase the requested piece of equipment.
- Please check with your accountant before listing restricted funds as a match source.
- Funds originating from the Research Office (e.g. capital equipment start-up funding) cannot be used as a source of the required match.
- RERF equipment awards starting in FY20 will be dispensed on a cost reimbursable basis.

9. Department/School Head, Center or Institute Director, or College Dean signature

{Name and title of approving of official}