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| **Shared Research Facility REQUEST FORM** Request form for status as a Northeastern University Shared Research Facility  The Shared Research Facility Committee provides oversight, reviews proposals and analyzes and approves the rates charged to users for their services. The director of the Shared Research Facility has responsibility for its operational and financial management. Below outlines the request form for establishing a new Specialized Service Facility or Shared Research Facility. Once the request form has been approved by the committee, you will have the chance to submit the full application along with a proposed rate sheet. | |
| Name of the Shared Research Facility | Date of application |
| **TARGET CUSTOMER/MARKET** | |
| Please provide the customer base (i.e. internal to NU/external). | |
| **MISSION** | |
| Describe the mission of the Shared Research Facility; attach additional pages as needed. | |
| **BUSINESS CASE** | |
| Please provide a justification on the business need along with any market research that has been performed  Do comparable facilities exist nationally outside the University? If so, please list them; Please provide the list of services that will be provided. Attach additional pages as needed. | |
| **MAJOR EQUIPMENT** | |
| Please provide a list of equipment along with funding; attach pages as needed.  a. Please provide budget number and grant number if applicable  b. Please provide the status of all equipment (on campus, PO issues, etc.) | |

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| **SPACE** | | | |
| Does the Shared Research Facility currently have allocated space?  Yes  No | | | |
| If yes, please provide approximate square footage: Building: Room(s): | | | |
| Will the current space require renovations?  Yes  No | | | |
| Is additional space needed for the Shared Research Facility?  Yes  No | | | |
| If yes, provide approximate square footage: | | | |
| Will any other activities take place in the Shared Research Facility space?  Yes  No | | | |
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| **FINANCIAL REVIEW** | | | |
| Please provide an annual projection of your operational expenses. | | | |
| If revenue has already been received for services, please identify the amount and the source. | | | |
| What are the index numbers for the Shared Research Facility and the revenue and expenses for the last 2 years? | | | |
| Who will be providing the financial support for the Shared Research Facility? (Department, Provost Office, etc.) | | | |
| **ATTESTATION** | | | |
| I support the business request for this Shared Research Facility and agree to provide the support for the financial and administrative operations of the Shared Research Facility.  Dean’s Signature: Date:  Chair’s Signature (If applicable): Date: | | | |
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| **SHARED RESEARCH FACILITY DIRECTOR** | | | |
| First Name | Middle | Last Name | Title |
| College(s) or Center Affiliation(s) | | | Department |

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| **SIGNATURES** |  |
| Shared Research Facility Director | Date |