

**REQUEST FOR FUNDING CONSIDERATION**

DATE OF SUBMISSION \_\_\_\_\_

REQUESTING PARTY NAME \_\_\_\_\_

Check one: ( ) Agency ( ) University ( ) Laboratory ( ) Corporation ( ) Individual

RESPONSIBLE PARTY: \_\_\_\_\_

REQUESTING PARTY ADDRESS \_\_\_\_\_  
(postal)

REQUESTING PARTY ADDRESS: \_\_\_\_\_  
(physical)

FED ID#: \_\_\_\_\_ or SSN# \_\_\_\_\_

ABSTRACT (250 word minimum, attach separate sheet if necessary):

FUNDING NEEDED: (US\$) \_\_\_\_\_

TIME ESTIMATED FOR COMPLETION: \_\_\_\_\_

RCIF Board Action Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Code: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**CRITICAL PATH TIME SCHEDULE**

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SUBMISSION DATE \_\_\_\_\_

REQUESTING PARTY NAME \_\_\_\_\_

REQUESTING PARTY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED BEGINNING: \_\_\_\_\_ (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (yr)

MILESTONE: \_\_\_\_\_

MILESTONE: \_\_\_\_\_

MILESTONE: \_\_\_\_\_

MILESTONE: \_\_\_\_\_

MILESTONE: \_\_\_\_\_

REVIEW: \_\_\_\_\_

Note: It is understood that the above information is/are planned estimates and variations are acceptable.

RCIF Board Action Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Code: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING**

SUBMISSION DATE \_\_\_\_\_

REQUESTING PARTY NAME \_\_\_\_\_

REQUESTING PARTY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

I do hereby agree to complete RCIF Documents 01.1, 01.2 and 01.4 and that these documents are hereby considered binding, legal and are made a part of this document.

Both the RCIF and Requesting Party or Agency agree to all civil rules of law as they may apply in the State of North Carolina, in the United States of America.

The parties involved also agree that either party may cancel this agreement with the issuance of 30 days written notice which is to include stated cause, but not to include convenience.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
RCIF Chairman

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
RCIF Treasurer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Requesting Agent

RCIF Board Action Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Code: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RCIF FUNDING ALLOCATION SCHEDULE**

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**SUBMISSION DATE** \_\_\_\_\_

REQUESTING PARTY NAME \_\_\_\_\_

REQUESTING PARTY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TOTAL FUND REQUEST: (\$US) \_\_\_\_\_

FUND DRAW REQUEST DATES: (See attached)

DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Requesting Agent

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
RCIF Chairman

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
RCIF Treasurer

RCIF Board Action Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Code: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_