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| This form represents a request to initiate development of a project but is not financially or contractually binding. Please complete all indicated fields and send a copy to [**bmchmpcore@unomaha.edu**](mailto:bmchmpcore@unomaha.edu) with any and all supporting documentation, research, drawings, pictures, and models that could assist in an accurate service quotation. The Biomechanics Machining & Prototyping Core will provide an assessment and e-mail response within 3-5 business days. | | | | | | | | | |
| **Project Initiation No.** |  | | |  |  | | | | |
|  |  | | |  | Project Name | | | | |
|  | | | |  |  | | | | |
| Name | | | |  | Date | | | | |
|  | | | |  |  | | | | |
| Street Address | | | |  | Company/Institution | | | | |
|  | | | |  |  | | | | |
| Email Address | | | |  | Primary Phone Number | | | | |
|  | | | | | | | | | |
| **Type of Request** | | | | | | | | | |
| Design | | | Prototyping | | | | Manufacture | | |
| Conceptualization | | | Repair | | | | Modification | | |
| Installation/Utilization | | | Validation | | | | Measurement | | |
|  | | | | | | | | | |
| **Funding Source** | | | | | | | | | |
| Federal | | | State | | | | Other | | |
|  | | | | | | | | |  |
|  |  |  | | | |  | |  | | |
| Specify Funding Source |  | WBS # | | | |  | | Principal Investigator | | |
|  | | |  | | | |  | | |
| **Sales Tax Exempt?** | | |  | | | |  | | |
| Yes (please attach [NE Form 13](http://www.revenue.nebraska.gov/tax/current/fill-in/f_13.pdf)) | | | | | | | No | | |
|  | | |  | | | |  | | |
| **Project Summary (expand as needed)** | | | | | | | | | |
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| **Budget (expand as needed)** | | | | | | | | | |
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| **Timeline (expand as needed)** | | | | | | | | | |
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| **Non-Disclosure Agreement, UNeMED New Invention Notification, etc? (expand as needed)** | | | | | | | | | |
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