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 **bmchmovan@unomaha.edu** with any and all supporting information, specifications, relevant research and background information that could assist in an accurate service quotation. The Movement Analysis Core will provide an assessment and e-mail response within 3-5 business days. This document and information submitted alongside it will be kept confidential.

Project Initiation No.	PROJECT INITIATION NUMBER TO BE ASSIGNED BY MOVAN PERSONEL	Project Name

Requester Name

Company/Institution

Street Address   **City**   **State**   **Zip Code**   **Date**

Email Address   **Primary Phone Number**

Type of Request (select all that apply)
- ☐ Data Processing
- ☐ Experiment Design
- ☐ Experiment Execution
- ☐ Training
- ☐ Consultation
- ☐ Access to Resources
- ☐ Other: _____
(See page 2-3)

Funding Source
☐ Federal   ☐ State   ☐ Commercial   ☐ Other

Specify Funding Source
Granting Body, Organization, or Institution   Identification Number   Cost Center

Project Summary (attach additional information as needed)

Budget (attach additional information as needed)

Timeline (attach additional information as needed)

Confidentiality
Will this project include confidential information or intellectual property? If so please provide an overview.

Please complete this page if persons will need direct access to MOVAN resources.

The fee to gain access to MOVAN resources assumes that individuals can use them independently and without assistance. Any time spent consulting or training with MOVAN laboratory space beyond incidental maintenance will be billed accordingly to hourly rates.

Is this a pilot project?	☐ Yes	☐ No
Describe the funding for this project:	☐ Funding is available.	☐ A voucher will be requested.
Is this project related to another project?	☐ Yes	☐ No
If yes please list project names.		
1)		
2)		
3)		
Who is the faculty/supervisor overseeing this project?		

User 01 Name:	☐ This person is leading the project
Email:	Needs access to: ☐ Labs
Check the box best describing their occupation. ☐ Undergraduate student ☐ Staff ☐ Graduate student ☐ Faculty ☐ Professional	☐ Lab Agenda (reservation permissions) ☐ Lab Agenda (viewer permissions) ☐ BMCH 0000 on Canvas ☐ MOVAN resources on Box

User 02 Name:	☐ This person is leading the project
Email:	Needs access to: ☐ Labs
Check the box best describing their occupation. ☐ Undergraduate student ☐ Staff ☐ Graduate student ☐ Faculty ☐ Professional	☐ Lab Agenda (reservation permissions) ☐ Lab Agenda (viewer permissions) ☐ BMCH 0000 on Canvas ☐ MOVAN resources on Box

User 03 Name:	☐ This person is leading the project
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User 04 Name:

☐ This person is leading the project

Email:

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☐ Labs

Check the box best describing their occupation.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Agenda (reservation permissions)
☐ Lab Agenda (viewer permissions)
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☐ Professional

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☐ Professional

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☐ Lab Agenda (viewer permissions)
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☐ Labs

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☐ Professional

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User 09 Name:

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☐ Labs

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