

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 <a href="mailto:bmchnonan@unomaha.edu">bmchnonan@unomaha.edu</a> with any and all supporting information, specifications, relevant research and background information that could assist in an accurate service quotation. The Nonlinear 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 PROJECT INITIATION NUMBER TO BE ASSIGNED BY NONAN PERSONEL		Project Name				
Initiation						
No.						
Requester Name		Company/Institution				
Street Address	City		State	Zip Code	Date	
E		I n :	Division			
Email Address		Primary Phone Number				
Type of Request (select all that apply)						
☐ Data Processing ☐ Programming			☐ Algorithm Development			
☐ Training ☐ Consultation			□ Other			
Funding Source  ☐ Federal	□ State	□Con	omercial		□ Other	
☐ Federal ☐ State ☐ Commercial ☐ Other  Specify Funding Source						
Granting Body, Organization or Institution   Identification Num			Co	ost Center		
Project Summary (attached additional information as needed)						
Budget (attached additional information as needed)						
Timeline (attached additional information as needed)						
Confidentiality						
Will this project include confidential information or intellectual property? If so please provide an overview.						