



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 bmchnonan@unomaha.edu 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 Initiation No.	PROJECT INITIATION NUMBER TO BE ASSIGNED BY NONAN PERSONEL	Project Name			
	<input type="text"/>	<input type="text"/>			
Requester Name		Company/Institution			
<input type="text"/>		<input type="text"/>			
Street Address	City	State	Zip Code	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address		Primary Phone Number			
<input type="text"/>		<input type="text"/>			
Type of Request (select all that apply)					
<input type="checkbox"/> Data Processing <input type="checkbox"/> Programming <input type="checkbox"/> Algorithm Development					
<input type="checkbox"/> Training <input type="checkbox"/> Consultation <input type="checkbox"/> Access to Resources					
<input type="checkbox"/> Other: <input type="text"/> (See page 2)					
Funding Source					
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Commercial <input type="checkbox"/> Other					
Specify Funding Source					
Granting Body, Organization or Institution	Identification Number	Cost Center			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
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.					



Please complete this page if persons will need direct access to NONAN resources. There are additional pages if more users need to be added.

Is this a pilot project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is the status of the IRB?	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Not applicable
If applicable, what is the IRB number?			
Describe the funding for this project:	<input type="checkbox"/> Funding is available.	<input type="checkbox"/> A voucher will be requested.	
Is this project related to another project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes please list project names.			
1)			
2)			
3)			
Who is the faculty/supervisor overseeing this project?			

User 01 Name:	<input type="checkbox"/> This person is leading the project
Email:	Needs access to: <input type="checkbox"/> BMCH-NONAN on Canvas <input type="checkbox"/> NONAN resources on Box
Check the box best describing their occupation. <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Staff <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty <input type="checkbox"/> Professional	Experience with at least one nonlinear method <input type="checkbox"/> None <input type="checkbox"/> Intermediate <input type="checkbox"/> Amateur <input type="checkbox"/> Expert

User 02 Name:	<input type="checkbox"/> This person is leading the project
Email:	Needs access to: <input type="checkbox"/> BMCH-NONAN on Canvas <input type="checkbox"/> NONAN resources on Box
Check the box best describing their occupation. <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Staff <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty <input type="checkbox"/> Professional	Experience with at least one nonlinear method <input type="checkbox"/> None <input type="checkbox"/> Intermediate <input type="checkbox"/> Amateur <input type="checkbox"/> Expert

User 03 Name:	<input type="checkbox"/> This person is leading the project
Email:	Needs access to: <input type="checkbox"/> BMCH-NONAN on Canvas <input type="checkbox"/> NONAN resources on Box
Check the box best describing their occupation. <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Staff <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty <input type="checkbox"/> Professional	Experience with at least one nonlinear method <input type="checkbox"/> None <input type="checkbox"/> Intermediate <input type="checkbox"/> Amateur <input type="checkbox"/> Expert

