

Project Initiation Form

This form should be submitted to initiate a project with the Movement Analysis Core (MOVAN). It is not financially or contractually binding. Please complete all fields and send a copy to bmchmovan@unomaha.edu. Please add study requirements and specifications to assist in service quote development. MOVAN will e-mail a response, or request a meeting for further details, within 5 business days. All submitted materials will be kept confidential.

Those requesting MOVAN directly perform experiments, process data, etc should complete F001a below.

Those requesting access to MOVAN space and/or equipment should proceed to F001b. **Most faculty internal to the Department of Biomechanics will complete F001b.**

PROJECT INITIATION NUMBER					Project Title				
F001a	F001a to be assigned by movan personel								
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Daniel de Maria				Course and the district					
Requester Name				Company/Institution					
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Street Address		City			State	Zip Code	Date		
Email Address					Primary Phone Number				
Type of Request (sele									
■ Data Processin	g	Experiment De	esig	n		Experiment			
□ Training		Consultation				■ Access to			
□ Other:						(See	e page 2)		
Funding Source									
☐ Federal		■ State		□ Cor	nmercial		□ Other		
Specific Funding Sou		on I Identification I	Nlium	abar	l c	ast Cantar			
Granting Body, Organiz	zation, or institut	on Identification	NUr	nber	—— <u>`</u>	ost Center			
Project Summary (at	tach additiond	ıl information as neede	ed)						
Budget (attach addi	tional informat	ion as noodod)							
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Timeline (attach add	ditional informa	tion as needed)							
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Confidentiality									
Confidentiality Will this project include confidential information or intellectual property? If so please provide an everyion									
Will this project include confidential information or intellectual property? If so please provide an overview.									



Faculty within the Department of Biomechanics who are only requesting Access to Resources should complete form F001b below. Please include a short description that mentions what rooms and equipment will be used and how. List students who will need access to LabArchives and online Canvas/OneDrive resources in the table below.

F001b	Faculty		
	Email Address		Primary Phone Number
Project Initiation No.	Title	Funding Source Federal State Commercial Other	Granting Body, Organization or Institution Identification Number Cost Center
Description			

LabArchives has limited availability for all users. Each faculty member receives one slot that does not count toward their allotment and an additional two per project. Access to resources assumes these individuals can use necessary equipment largely independently and without assistance. MOVAN staff are available for emergency response (subject present and system not working) during regular business hours. Consulting or training with MOVAN staff beyond a reasonable amount will be billed hourly rates.

User Name	User Email	Position	Role	Lab Archives Access
				■ Yes give access.
				■ Yes give access.
				■ Yes give access.
				■ Yes give access.
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