



LEAD APPLICANT			
SURNAME:		GIVEN NAME:	
BUILDING NAME AND ROOM LOCATION WHERE THE INFRASTRUCTURE WILL BE HOUSED			
TITLE OF EQUIPMENT OR TOOL			
LIST OF KEY USERS			
SURNAME	GIVEN NAME	FACULTY	DEPARTMENT



TOTAL FUNDING REQUEST FROM THE SHARED RESEARCH PLATFORMS FUND		
\$ _____		
CASH CONTRIBUTIONS FROM OTHER SOURCES		
AMOUNT	NAME OF FUNDING SOURCE	GRANT ID
	<b>= TOTAL</b>	
SIGNATURES		
I verify that all the information contained within this application is true and complete, to the best of my knowledge.		
LEAD APPLICANT		
NAME	SIGNATURE	DATE