

AIF RESEARCH INITIATIVE PROPOSAL COVER SHEET

For Use by AIF	Date Received	Proposal Number
Title of Project: Title of Addressed RNS:		<input type="checkbox"/> Concept Exploration (Type 1) <input type="checkbox"/> Product Application (Type 2) Project Duration _____ months Number of Project Phases: _____
Submission Date: Resubmission Yes <input type="checkbox"/> No <input type="checkbox"/>		Signed, liability certification <input type="checkbox"/> Yes enclosed with the proposal <input type="checkbox"/> No
Name/Address of Organization and Name of Official to be Contacted		Telephone and Fax Nos.
		E-mail
		AIF Budget \$ _____ + Cost Sharing \$ _____ = Total Project Cost \$ _____
Business Type <input type="checkbox"/> Academic <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit		Size (Number of Employees) <input type="checkbox"/> <10 <input type="checkbox"/> <100 <input type="checkbox"/> <200 <input type="checkbox"/> >200
Name/Address of Principal Investigator		Telephone and Fax Nos.
		Fax and E-Mail
Names of other Key Investigators 		

AIF RESEARCH INITIATIVE PROPOSAL STATEMENT of PURPOSE

On a page following the COVER SHEET, please provide separate answers to each of the following questions. Please do not rephrase or combine the questions and be clear and concise in your answers. A maximum of one page may be used to answer the three questions.

1. Which AIF Research Initiative proposed problem statements is the subject of this proposal?
2. How could the proposed research affect the future state of practice for the addressed RNS?
3. How are the research deliverables strategic to the future of the asphalt industry?

**AIF RESEARCH INITIATIVE PROPOSAL
BUDGET SUMMARY
(PLEASE SUBMIT ONE PAGE FOR EACH PROPOSED PHASE)**

Phase Number (for this sheet): _____
 Project Title: _____
 Phase Duration (Months): _____
 (Please complete a separate copy of this form for each phase of the project)

FUNDING REQUESTED FROM AIF RESEARCH INITIATIVE PROGRAM FOR THIS PHASE:

PERSONNEL:	# hours	x	\$/hour	AIF Costs	Cost Sharing
Principal Investigator:.....	_____	x	\$ _____	= \$ _____	\$ _____
_____:	_____	x	\$ _____	= \$ _____	\$ _____
Other staff _____:	_____	x	\$ _____	= \$ _____	\$ _____
				Subtotal.....	\$ _____

CONSULTANTS AND SUBCONTRACTORS: (specify)

Subtotal..... \$ _____

MATERIALS & EQUIPMENT: (indicate items exceeding \$1,000)

Subtotal..... \$ _____

OTHER DIRECT COSTS: (specify)

Subtotal..... \$ _____

OVERHEAD COSTS: (%) \$ _____

GENERAL AND ADMINISTRATIVE: (%) \$ _____

Phase Total Cost:	\$ _____	\$ _____
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PROPOSED COST SHARING (if any)

Direct (cash) contribution from proposing organization: \$ _____

In-kind contribution from proposing organization: \$ _____

Direct funding from other sources (specify): \$ _____

Value of staff, etc., contributed by other sources: \$ _____

Phase Total Budget:	\$ _____
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Signature: _____ Date: _____