**AIF RESEARCH INITIATIVE PROPOSAL**

**COVER SHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For Use by AIF | Date Received | | Proposal Number | | |
| Title of Project:  Title of Addressed RNS: | | [ ] Concept Exploration (Type 1)  [ ] Product Application (Type 2)  Project Duration \_\_\_\_\_\_\_\_\_\_ months  Number of Project Phases: \_\_\_\_\_\_\_\_ | | | |
| Submission Date: Resubmission Yes[ ] No[ ] | | Signed, liability certification enclosed with the proposal | | | [ ] Yes [ ] 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 [ ] Academic [ ] Profit [ ] Non-Profit | | Size (Number of Employees) [ ] <10 [ ] <100 [ ] <200 [ ] >200 | | | |
| Name/Address of Principal Investigator | | Telephone and Fax Nos. | | Fax and E-Mail | |
| Names of other Key Investigators | | | | | |
|  | | | | | |

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**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?

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**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: $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**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: $\_\_\_\_\_\_\_\_\_\_\_**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_