

## 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 enclosed with the proposal <input type="checkbox"/> Yes <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: (    %) ..... \$ \_\_\_\_\_      \$ \_\_\_\_\_

<b>Phase Total Cost:</b>	<b>\$ _____</b>	<b>\$ _____</b>
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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:	\$ _____

<b>Phase Total Budget:</b>	<b>\$ _____</b>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_