

### Section 1: Project Information – All Projects

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

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Funding Source

Federal / State

Oracle Project # \_\_\_\_\_

Commercial

Oracle Project # \_\_\_\_\_

Other (discretionary / gift)

Oracle Project # \_\_\_\_\_

\*\*Unfunded uE Senior Project – uE Pgm Chair Approval Needed in Section 4

If Unfunded, is this project tied to any other funded project in the Semiconductor Nanofabrication Lab?  Yes  No

If yes, what project? \_\_\_\_\_

If yes, why is funding not available?

Oracle charge number to be used for training and mask blanks and monthly user fee \_\_\_\_\_

Student Name (for Senior Projects) \_\_\_\_\_

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

Advisor / PI Name \_\_\_\_\_

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

## Section 2: Project Resources – All Projects

Please describe the process flow of your project.

- Attach additional sheets as needed. Please be specific as this will enable an adequate review of your project. This is not just a listing of the tools you want to use.

Will your project require special materials? Please specify.

Will you be importing chemistry in the Semiconductor Nanofabrication Lab? Will this project generate mixed waste stream chemistry or waste containing metals?

- All users (including unfunded projects) are required to cover the cost of any non-standard chemical waste generated during the course of their project.

Does your project require the Semiconductor Nanofabrication Lab to make photomasks? How many levels?

- All projects are required to reimburse the lab for the cost of the mask blanks.

What is the estimated budget for this project? For funded projects, please specify your budgeted amount for lab fees.

- Users are expected to engage the Operations Manager for this estimated budget.

### Section 3: Project Goals & Scope – Unfunded Projects

Please state what you hope to accomplish and why the use of the Semiconductor Nanofabrication Lab is essential to your project.

Do you see the scope of this work expanding? Please describe on further work in this area beyond this project.

Will the results of this be used to write a paper and/or a grant for future funding? Please specify.

Please specify how this project benefits the students involved, including completion of degree requirements.

Please specify the benefits and future opportunities that this work will bring to the RIT.

How long do you anticipate the need for unfunded project support?

- Unfunded projects will be reviewed after one year.

#### Scope of Unfunded Work

By signing this statement, the researcher agrees that this project is for internal use only with the goal of publishing or exploring possible grant ideas. The researcher understands that the SNL budget is bearing the cost of this research and also agrees that the results of this work will not be shared with any commercial entity without the express permission of the RIT VP of Research.

PI Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Authorized Users – All Projects

Name of users authorized to charge time to this project

PI Authorization \_\_\_\_\_ Date: \_\_\_\_\_

*When completed, please return form to T. Grimsley.*

**Semiconductor Nanofabrication Lab Use Only**

Project Code: \_\_\_\_\_

Project Title: \_\_\_\_\_