**PRE-PROPOSAL INSTRUCTIONS**

1) Complete Narrative (*page 2*)

2) Complete Signature Page (*page 3*)

3) Complete Huskies Connect Application: <https://www.stcloudstate.edu/rsp/grants/internal/nsf-mri.aspx>

|  |  |
| --- | --- |
| ***Huskies Connect Application will collect the following information:*** | |
| 1. Principal Investigator Information (Tech ID, Email, Phone, School/College, Department) | |
| 1. Co-Principal Investigator Information (Tech ID, Email, Phone, School/College, Department) | |
| 1. MRI Submission Information: | |
| ***New MRI proposal***   * Project Title * Type of request (Track 1 or Track 2) | ***Resubmission of previous MRI proposal***   * Project Title * Type of request (Track 1 or Track 2) * Summarize how you will address the comments * in the 2020 NSF MRI proposal resubmission * Attachment   + Previous reviewer comments |
| 1. Attachments:  * Narrative and Signature Page | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation Rubric (*completed by review panel*)** | Poor  1 | 2 | 3 | 4 | Excellent  5 |
| Need for instrument is justified |  |  |  |  |  |
| Instrument will enhance research portfolio of users and build research capacity at SCSU |  |  |  |  |  |
| Project has potential to advance knowledge (Intellectual Merit) |  |  |  |  |  |
| Project has potential to benefit society and contribute to the achievement of specific, desired societal outcomes (Broader Impacts) |  |  |  |  |  |
| Project has well-articulated sustainability plan/model. |  |  |  |  |  |
| Pre-Proposal Rank | Excellent | Very Good | Good | Fair | Poor |

**NARRATIVE –** *not to exceed 3 pages*

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL INVESTIGATOR(S) INFORMATION** | | |
|  | **Name** | **Department** |
| **Principal Investigator:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Co-Principal Investigator:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Co-Principal Investigator 2:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Co-Principal Investigator 3:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Co-Principal Investigator 4:** | Click or tap here to enter text. | Click or tap here to enter text. |

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| **COLLAGORATOR(S) INFORMATION** | | | |
|  | **Name** | **Organization** | **Email** |
| **Collaborator/User 1:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Collaborator/User 2:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Collaborator/User 3:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**PROJECT DESCRIPTION** – *not to exceed 3 pages*

|  |  |
| --- | --- |
| **Project Title:** | Click or tap here to enter text. |
| **Estimated Budget:** | $ Click or tap here to enter text. |
| **Type of Request** | Track 1 (*$100,000 - $1M*) OR  Track 2 ($1M - $4M)  Acquisition OR  Development |
| **1. Describe the instrument to be requested.** | |
| Click or tap here to enter text. | |
| **2. Justify the need for the instrument.** | |
| Click or tap here to enter text. | |
| **3. What award period will be requested?** *(up to 3 years for acquisition proposals, 5 years for development proposals)* | |
| Click or tap here to enter text. | |
| **4. Explain the roles and responsibilities of the PI, co-PIs and senior personnel who will be primary users of the instrumentation** | |
| Click or tap here to enter text. | |
| **5. Describe how the award will build research capability at SCSU** | |
| Click or tap here to enter text. | |
| **6. Describe how the MRI award will enhance research training of students** | |
| Click or tap here to enter text. | |
| **7. Describe any other Broader Impacts** | |
| Click or tap here to enter text. | |
| **8. Will any costs be requested beyond the purchase price of the instrument?** | |
| Click or tap here to enter text. | |
| **9. Who will be responsible for operation and maintenance of the instrument after the expiration of the award?** | |
| Click or tap here to enter text. | |

**SIGNATURE PAGE**

|  |  |
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|  |  |
| **Signature of Principal Investigator** | **Date** |

|  |  |
| --- | --- |
| Acknowledge | |
|  |  |
| **Department Chairperson/Director** | **Date** |
| Comments: Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Strongly Support  Support  Neutral | |
|  |  |
| **Supervisor or School / College Dean or Vice President** | **Date** |
| Comments: Click or tap here to enter text. | |