**Centers/Institutes Application form**

*If you have questions about the content of this application, please contact Office of Research staff via e-mail sent to* *EVPRCenters@purdue.edu**.*

 *A list of University-recognized Centers and Institutes and their acronyms is available on the Office of Research web pages. The purpose of this application form is for recognition of a new center/institute at the university level. Approval of an application does not imply the commitment of resources from the Office of Research.*

*Some information may not be pertinent or known at the time of application. Please mark these sections with "Not Known" or "Not Applicable."*

*The proposed name and acronym should be chosen to avoid confusion with other Purdue Centers or Institutes.*

**Proposed Center Name:**

**Proposed Acronym:**

**Rationale for the Center (limit 0.5 page):**

**Center Mission/Description (25- 50 words):**

**If relevant, please explain the relationship of the proposed Center to other University Centers or Institutes.**

*Describe how the proposed center is distinct from, or complementary to, any other Centers or Institutes with related interests and/or activities. Explain planned associations with other Institutes or Centers.*

**Center URL:**

**Director** *(if a shared responsibility, provide information for each person)*

 **Name:**

 **Office Address:**

 **Phone:**

 **Email:**

**Administrative Assistant/Contact or Managing Director** *(must not be the same as director)*

 **Name:**

 **Office Address:**

 **Phone:**

 **Email:**

**To whom does the Center Director report?**

*(You may provide a more detailed governance plan if necessary.)*

**Please list all Faculty involved with the Center:** *(expand table as needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** *(including rank)* | **Department(s) or School(s)** | **College(s)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please list all Staff involved with the Center:** *(expand table as needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Department(s) or School(s)** | **College(s)** |
|  |  |  |  |
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|  |  |  |  |

**Funding Model:**

*What are is the funding model for the Center what are the components covered, e.g.: faculty/staff time or salary commitments, supplies and minor expenses, research activities, conferences or workshops, capital equipment or core facility investments, and other (specify).*

**Anticipated Awards, Commitments, and/or Expenditures:**

From external sources such as contracts, grants, memberships, gifts solicited by the center, etc.

#  Sources:

# Total Dollar Amount in current and prior years:

# Total Dollar Amount per year for the next five (5) years:

# From internal sources such as general funds, faculty release time, cost share, PRF awards, gift funds to the University that will be distributed to the Center, etc.

#  Sources:

#

# Total Current from Internal

# Total Dollar Amount per year for the next five (5) years:

# Key activities preceding this application:

*If applicable, provide a bulleted list of up to ten (10) significant activities or achievements directly related to the proposed Center.*

**First-year goals for the Center:**

*Provide a bulleted list of up to five (5) of the most significant goals for the Center’s first year.*

**Space:**

*Describe the location and area (sq ft) of space allocated to the activities of the Center. Only include space controlled by the Center for its activities. Briefly describe how the space allocated to the Center will be used.*

**Endorsements:**

*Please include signatures of approval below or append letters/emails of approval from appropriate Department/School Head(s), and Dean(s)/Associate Dean(s). If the Center will be associated with an established University Center or Institute, include an endorsement from the existing Center/Institute Director. If space assignment is involved, approval from the Head of the unit responsible for the space is essential.*

*If faculty/staff from three or fewer Departments/Schools are involved, please include approvals from all Departments/Schools and Colleges. In the case of broader participation, approval by a College Dean or Associate Dean will signify that all Department/School Heads are fully informed and endorse the application and are aware of commitments.*

**Head** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department or School Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Repeat as needed)*

**Dean/Assoc. Dean** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department or School Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Repeat as needed)*

**Center/Institute Director** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Repeat as needed)*

**---- The below approvals blocks are for INTERNAL EVPR use only -----**

*I have reviewed this application and recommend approval.*

**VP for Discovery Park District Institutes (if applicable)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVPR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_