

IVR Lab Mission-Aligned Funding Support Application

Community Investment Fund, Rebates and R&D Billing Consideration

Section 1. Organizational Information

Organization Name: _____

Institution Type:

☐ Public University

☐ Government Agency

☐ Nonprofit Research Organization

☐ Community Health Program

☐ Other: _____

Department or Division: _____

Institution Address:

Street: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Program Manager Name: _____

Title/Role: _____

Email Address: _____

Phone Number: _____

Section 2. Project Information

Project or Initiative Name: _____

Funding Request Date: _____

Proposed Project Start Date: _____

Purpose of the Project:

Describe the intended community or public benefit:

Describe how this initiative aligns with the mission of IVR Lab:

Section 3. Funding and Budget Details

Total external funding acquired: _____

Primary funding source: _____

If NIH funded, NIH Project Number: _____

IVR Lab proposed total cost: _____

Available funding for IVR Lab portion: _____

Shortfall amount requested: _____

Has any portion already been supported at a reduced rate:

☐ Yes ☐ No

If yes, describe: _____

Previous application for support:

☐ Yes ☐ No

If yes, approximate date: _____

Section 4. Project Scope and Staffing

Primary Contact for Implementation:

Name: _____ Email: _____

Phone: _____ Title: _____

Sponsor or Department Chair:

Name: _____ Email: _____

Phone: _____ Title: _____

Grant or Project Administrator:

Name: _____ Email: _____

Expected project duration: _____

Participants or groups impacted:

Section 5. Eligibility and Verification

- ☐ Organization is publicly funded or nonprofit.
- ☐ Request applies only to IVR Lab services.
- ☐ Budget information is accurate and complete.
- ☐ Evidence of shortfall will be provided.
- ☐ Support is discretionary and not guaranteed.
- ☐ One award allowed every two years.

Section 6. Attachments

Required attachments:

1. Project summary or abstract
2. Budget overview showing available funds
3. Sponsor or department chair approval memo
4. Documentation of public or community impact

Section 7. Certification and Signature

I certify that the information provided is accurate and complete.

Authorized Applicant Name: _____

Signature: _____ Date: _____

Title: _____

Section 8. Submission Instructions

Submit completed applications to: community-support@ivr-lab.com

Applicants will receive confirmation within three business days.

Funding determinations typically take two to six weeks.