**Project Title: I/UCRC for**

Grant No. IIP-

Project dates:

Today date:

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| --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Type**  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|  |  | **Start date: End date:** | **Start date: End date:** | **Start date: End date:** | **Start date:** **End date:** | **Start date: End date:** |
| **In Cash** *Member:* * *List Company name, government agency with branch, and trade organizations or associations*
* *Trade organization and associations must sign membership agreement and addendum to be eligible members*
* *Note: Organizations that are part of a divisionally structured/decentralized corporation, company or Federal agency count as distinct individual members (for example: Army CERDEC and Army Research Lab; or a division within a company focusing on chemicals and another division within the same company focusing on information technology). Supporting evidence to this effect must be included with the annual membership certification, if applicable. A Company in which the PI/co-PI has a financial ownership interest may be a member but the company’s membership contribution or presence cannot count towards meeting solicitation requirements for membership count or cash connected.*

*Type:* * *Specify level of membership based on Membership Agreement (Full/Associate)*
* *If Government, indicate [Level]/[MIPRID]-ID or [IAA]-ID/[IIP supplement ID] or [Level]-signed if they signed the membership agreement*
* *If members are buying more than one memberships in any given year please indicate number next to type (example: company A buys 2 full memberships for year 1, indicates 2-Full)*
* *Note: The same member may purchase memberships at multiple Sites within a Center. However, the member will only be counted as one full or associate member at one site within the center*.

*Year x:* * *Enter membership amount under corresponding year*
* *If member buys multiple years, you must enter each year membership amount under the correspondent year (example: company A buys 3 years memberships in year 1 equivalent to $150k, you must enter 50k in year 1, 50k in year 2 and 50k in year 3)*
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| **In Kind** *List name of members that provided in kind contributions.* *For grants awarded on solicitations NSF 13-594 and earlier: In the first year of any phase, in kind contributions do not count towards the minimum membership requirement and are to be addressed in the annual report or entered under the section “Others” below. However, with NSF’s approval, Phase I can be granted an exception for in-kind totaling to no more than one full membership fee. After the first year of any phase, the Industry Advisory Board must approve all in-kind contributions for membership fees. If in kind contributions are listed, annual report must include IAB certification of approval.* *For grants awarded on solicitation 16-504 and 17-516: Membership fees must be in cash and are paid directly to the institutions, unless the NSF awards a supplement funded through another Federal Agency. In-kind membership fees are acceptable if approved by the IAB, but cannot be counted towards the minimum membership requirement.* |
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| **Annual funds certified towards minimum membership requirement\*\*** |  |  |  |  |  |
| **\*\* *Minimum membership requirement as stated in the solicitation under which the award was received.***  |
| **Others***List In-Kind contributions that do not count towards the minimum membership requirement, Institution contributions, and any other source of funding that the Site Director wishes to list to demonstrate financial status of the site. Note: Any entity in any way financially affiliated with any of the Universities that are part of an IUCRC can be a paying member of that Site/Center. The entity's membership fee does not count towards the minimum membership requirement for the Site/Center, but is considered Program Income. Examples are University's Foundations, University's subsidiaries, etc.* |
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| **Site Overall Total Funds (sum of annual funds certified and all other funds)** |  |  |  |  |  |

Provided by Authorized Organizational Representative (AOR)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

AOR Contact information: