**APPENDIX B**

**CAPITAL EQUIPMENT GRANT USER TABLE**

|  |  |
| --- | --- |
| **Equipment:** |  |
| **Equipment Requestor:** |  |

Use as many pages as necessary to document potential users of the proposed equipment and their current and pending support. Letters of support from all potential users indicating their need, anticipated level of usage, and impact the equipment would make in their research should be provided as part of this appendix.

|  |
| --- |
| **Equipment User (all fields are required):** |
| **Name** |  |
| **Position** |  |
| **College** |  |
| **Department** |  |

|  |
| --- |
| **Equipment User Current Support (all fields are required):** |
| **Project Title** |  |
| **Source of Support** |  |
| **Total Amount Funded** |  |
| **Percent Effort on Project** |  |
| **Funding Period** |  |

|  |
| --- |
| **Equipment User Pending Support (all fields are required):** |
| **Project Title** |  |
| **Source of Support** |  |
| **Total Amount Funded** |  |
| **Percent Effort on Project** |  |
| **Funding Period** |  |

Append additional pages as necessary to document the current and pending support of potential users of the proposed equipment.