**FY25 Emergency Support-Salary Cover Page**

**Date of Application**:

**Full Name of the Core Facility**:

**Department/Unit of the Core Facility**:

**Name of the Core Facility director**:

**Name of the facility manager**:

(responsible for the day-to-day management)

**Name of the contact person**:

(for this proposal)

**Proposal Title**:

**Amount requested**:

 FY25 Monthly Salary:

 FY25 Monthly Benefits:

 Maximum Ask = See below

Total Request:

Maximum ask = One month FY25 Salary and Benefits, excluding GAIR, OR $10,000, whichever is less\*

Benefit Rates may be found here: <https://www.colorado.edu/controller/resources/fa-%C2%A0gair-rates>

\*Any GAR/GIR (GAIR) will not be paid by RIO

**Signatures of the facility director and the department Chair/Unit director**:

(these signatures will constitute acknowledgement that the request has been discussed and approved, and that any GAR/GIR (GAIR) will not be paid by RIO)

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**PI (applicant) Department/Unit Chair**

Name: Name:

Title/Position: Title/Position:

Department/Unit: Department/Unit: