

To apply for the Intergraph PP&M Education Grant, please complete this application and attach the syllabus for the course(s) where Intergraph technology will be implemented.

Grant recipients are required to submit a minimum of two (2) detailed teaching materials, showing the use of Intergraph technology, within 24 months of receipt of software. This form may also be used to submit those teaching materials.

Please email the completed document to [ppmeducation@intergraph.com](mailto:ppmeducation@intergraph.com).

## A. Educational Institution Contact Information:

|                                 | Details in Local Language | Details in English |
|---------------------------------|---------------------------|--------------------|
| Name of University/Institution: |                           |                    |
| Name of College/Faculty:        |                           |                    |
| Name of Department/Laboratory:  |                           |                    |
| Web Site Address:               |                           |                    |
| Address Line 1:                 |                           |                    |
| Address Line 2:                 |                           |                    |
| City:                           |                           |                    |
| State/Province:                 |                           |                    |
| Zip/Postal Code:                |                           |                    |
| Country:                        |                           |                    |

### Primary Contact\* (required):

Intergraph will consider the contact you designate in this information box to be the primary contact. All correspondence, other than correspondence related to the contracts, will be sent to the attention of the Primary Contact. If the Primary Contact is the only contact specified, Intergraph may consider the Primary Contact to be the sole contact for all purposes. **Please note: A Post Office Box is not acceptable.**

| Primary Contact Information |  |
|-----------------------------|--|
| Company Name:               |  |
| Contact Name:               |  |
| Street Address:             |  |
| City:                       |  |
| State/Province:             |  |
| ZIP Code/Postal Code:       |  |
| Country:                    |  |
| Telephone/Ext.:             |  |
| Fax:                        |  |
| E-mail Address:             |  |

### Contract Administrator\*\* (required):

| Contact Administrator Information |  |
|-----------------------------------|--|
| Company Name:                     |  |
| Contact Name:                     |  |
| Street Address:                   |  |
| City:                             |  |
| State/Province:                   |  |

| Contact Administrator Information |  |
|-----------------------------------|--|
| ZIP Code/Postal Code:             |  |
| Country:                          |  |
| Telephone/Ext.:                   |  |
| Fax:                              |  |
| E-mail Address:                   |  |

**Media Shipping Contact (if different from primary contact above):**

*Please note: A Post Office Box is not a valid ship-to address.*

| Media Shipping Contact Information |  |
|------------------------------------|--|
| Company Name:                      |  |
| Contact Name:                      |  |
| Street Address:                    |  |
| City:                              |  |
| State/Province:                    |  |
| ZIP Code/Postal Code:              |  |
| Country:                           |  |
| Telephone/Ext.:                    |  |
| Fax:                               |  |
| E-mail Address:                    |  |

### Site Technical Contact\*\*\* (if different from primary contact above):

The Site Technical Contact specified below is responsible for overall product compliance and coordinating designated support contacts and distribution of the technical support access information as necessary.

| Site Technical Contact Information |  |
|------------------------------------|--|
| Company Name:                      |  |
| Contact Name:                      |  |
| Street Address:                    |  |
| City:                              |  |
| State/Province:                    |  |
| ZIP Code/Postal Code:              |  |
| Country:                           |  |
| Telephone/Ext.:                    |  |
| Fax:                               |  |
| E-mail Address:                    |  |

*\*Primary Contact is the person who will be the main researcher incorporating Intergraph technology into the institution's research projects.*

*\*\* Contract Administrator must be a representative of the educational institution with power to legally bind institution to a contract.*

*\*\*\* Person at educational institution responsible for internal software administration and support. This person would likely receive shipment of the software.*

## B. Authorized Licensee Personnel:

Software support shall be available for one (1) authorized Licensee personnel. Students are not allowed to call Intergraph Support directly. Please list the one (1) authorized Licensee personnel for your institution below:

| Authorized Licensee |  |
|---------------------|--|
| Contact Name:       |  |
| Telephone/Ext.:     |  |

| Authorized Licensee |  |
|---------------------|--|
| Fax:                |  |
| Email Address:      |  |

### C. Intergraph PP&M Software Products You Are Requesting (Enter number of licenses for all that apply):

| Software                          | Number of Licenses Needed |
|-----------------------------------|---------------------------|
| PDS®                              |                           |
| SmartSketch®                      |                           |
| SmartPlant® 3D                    |                           |
| SmartPlant® Electrical            |                           |
| SmartPlant® Instrumentation       |                           |
| SmartPlant® P&ID                  |                           |
| SmartPlant® Review                |                           |
| CAESAR II® v5.20                  |                           |
| PV Elite® v12.0                   |                           |
| CADWorx® Plant Professional v10.0 |                           |
| CADWorx® P&ID Professional v10.0  |                           |
| Other – Specify                   |                           |

*Please note: Depending on the specific software requested, there may or may not be hardware and/or software prerequisites required. Upon receipt of this document, Intergraph will inform the university of any hardware and/or software prerequisites that may apply and it will be the responsibility of the university to meet those requirements before approval of this application will be granted. Please sign below, indicating your awareness of potential prerequisite requirement(s).*

Signature: \_\_\_\_\_

## D. Engineering or Technical Degree Programs Your Educational Institution Offers *(Mark "X" for all that apply):*

|                           |                      |                                |                    |
|---------------------------|----------------------|--------------------------------|--------------------|
| Aerospace                 | Coastal              | Industrial                     | Petroleum          |
| Applied Science           | Computer Science     | Management Information Systems | Physics            |
| Architectural             | Construction         | Manufacturing                  | Plasma             |
| Astronautical             | Electrical           | Marine                         | Polymer            |
| Automotive                | Environment          | Materials                      | Power              |
| Avionics                  | Ergonomics           | Mechanical                     | Radiological       |
| Bio-Mechanical            | Facility             | Mechatronics                   | Software           |
| Biomedical                | Fire Protection      | Metallurgical                  | Space Science      |
| Bioresource               | Food Processing      | Microelectronics               | Systems            |
| Biosystems & Agricultural | Forest               | Mineral Resources              | Telecommunications |
| Brewing Science           | Fuels                | Mining                         | Textile & Fiber    |
| Cell & Tissue             | Geological           | Nuclear                        | Transportation     |
| Ceramic                   | Geosystems           | Oceanographic                  | Water Resource     |
| Chemical                  | Hydrodynamics        | Operations                     | Other (list)       |
| Civil                     | Illuminating & Sound | Paper & Pulp                   |                    |

## E. Course Information:

List the course name, description, and an explanation of how you intend to incorporate Intergraph products:

|  |  |
|--|--|
| <b>Course Name</b>   |  |
| Course description (You may attach a description from course catalog.):                                |  |
| Expected number of times course will be offered per year:  |  |
| Approximate number of students per year:   |  |
| Intergraph product(s) to be used:  |  |
| Explanation of how the product(s) will be used:  |  |
| Quantity of free 52-week student licenses needed, please specify software (i.e., 10 - SmartPlant® 3D): |  |

|  |  |
|--|--|
| <b>Course Name</b>   |  |
| Course description (You may attach a description from course catalog.):                                |  |
| Expected number of times course will be offered per year:  |  |
| Approximate number of students per year:   |  |
| Intergraph product(s) to be used:  |  |
| Explanation of how the product(s) will be used:  |  |
| Quantity of free 52-week student licenses needed, please specify software (i.e., 10 - SmartPlant® 3D): |  |

*Please note: For more course descriptions, please continue on another form.*

If you are also providing teaching materials, such as PowerPoint slides, lab exercises, or lesson plans, please complete the section below as applicable.

| Course Name   |   |
|---|---|
| Title of teaching material:   |   |
| A brief description of the objective/content of the material:               |   |
| Language:   |   |
| Teaching material category (what objective does this lesson plan to cover): |   |
| User level (check one):   | <input type="checkbox"/> Beginner<br><input type="checkbox"/> Intermediate<br><input type="checkbox"/> Advanced |
| Intergraph software used:   |   |
| Name of file for upload (must be in PDF or Microsoft PowerPoint format):    |   |

| Course Name   |   |
|---|---|
| Title of teaching material:   |   |
| A brief description of the objective/content of the material:               |   |
| Language:   |   |
| Teaching material category (what objective does this lesson plan to cover): |   |
| User level (check one):   | <input type="checkbox"/> Beginner<br><input type="checkbox"/> Intermediate<br><input type="checkbox"/> Advanced |
| Intergraph software used:   |   |
| Name of file for upload (must be in PDF or Microsoft PowerPoint format):    |   |

*Please note: If you have more files to submit, please continue on another form.*



## F. Approvals *(for Intergraph use only):*

### ***Country Manager***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### ***Regional Vice President***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date