

Sponsored Project Number Request Form

Request Date: _____ Request by: _____

Department Number: _____ Project #/Alpha: _____

Principal Investigator: _____ Keywords (3): _____

Grant/Protocol Number: _____

Funding Agency: _____ Kuali #: _____

Sponsor Agency (other than funding agency): _____

Title of Project: _____

F & A Rate: _____

Clinical Trial? (Y/N) If Y, Phase #: _____ Clinical Trial Performance Site: _____

Please attach the following:

1. A copy of the Award Letter or executed contract
2. Grant Guidelines/Terms and Conditions (if not included in award letter)
3. A copy of Budget as approved by funding agency
4. If F & A rate is not standard, please attach a justification or a copy of the sponsor's F&A policy
5. Documentation of Approval from appropriate University Review Committees:
 - Institutional Review Board (IRB) _____ IRB # _____
 - Institutional Biohazard Committee (IBC)
 - Radiation Safety
 - Institutional Animal Care and Use Committee (IACUC) _____ IACUC # _____
6. Cost Share (If required, & please provide funding source and budget)
7. If a clinical trial, please provide a copy of the Medicare Coverage Analysis (MCA)

I certify that the guidelines and terms and conditions have been read; facilities and administrative costs have been verified; and the appropriate documents are attached.

Department Business Official

Printed Name

Date

The department will be responsible for all charges if the agreement is not fully executed or if charges are incurred before the actual begin date.

Department Head Signature

Printed Name

Date

The original signed request form is to be sent to nosponproj@lsuhsc.edu 01/2022