

Request Date: _____ Request by: _____

Purpose of Project (Circle One): Clin/Research/PubServ/Clin Rsch/Inst/Fellowship/Training/Fee for Service

Department Number: _____ Project #/Alpha: _____

Principal Investigator: _____ Keywords (3): _____

Grant/Protocol Number: _____

Funding Agency: _____

Sponsor Agency: _____

Title of Project: _____

F & A Rate: _____ Kualii #: _____

If Clinical Trial, Site : _____ Phase Number: _____

If Cost Share Requested, Fund Source _____ Amount: _____

ATTACHMENTS:

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. If Cost Share required attach budget information
7. If Clinical Trial, attach 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 RE: Project Set Up Request