

Sponsored Project Number Request Form

Request Date:

Request by:

Department Number:

Project #/Alpha:

Principal Investigator:

Keywords (3):

Title of Project:

Funding Agency:

Kuali #:

Sponsor Agency (other than funding agency):

Grant/Protocol Number:

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