

Sponsored Project Number Request Form

Request Date: Request by:
Department Number: Project #/Alpha:
Principal Investigator:
Title of Project:
Funding Agency:
Grant/Protocol Number: ORS File #:

- _____ A copy of the Award Letter or executed contract
- _____ A copy of the yellow routing sheet which shows the assigned ORS File number
- ___ Grant Guidelines/Terms and Conditions (if not included in award letter)
- ___ A copy of Budget as approved by funding agency
- _____ Documentation of Approval from appropriate University Review Committees:
 - _____ Institutional Review Board (IRB)
 - _____ Institutional Biohazard Committee (IBC)
 - _____ Radiation Safety
 - _____ Institutional Animal Care and Use Committee (IACUC)
- _____ If cost share is required, please provide the funding source
- _____ If a clinical trial, please provide a copy of the Medicare Coverage Analysis (MCA)

Approved by:

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