

AUBURN UNIVERSITY

REQUEST FOR ACCOUNT (FOP) TO BE ESTABLISHED ON ANTICIPATION

Requestor:	College/School:	Phone:
Sponsor:		
Project Investigator(s):		
Title:		

COMPLIANCE

Human Subjects	Yes	No	Number
Animals	Yes	No	Number
BUA	Yes	No	Number

PRELIMINARY BUDGET

Budget Category	Total
Salary (full-time)	
Salary (part-time)	
Wages (bi-weekly)	
Graduate Student	
Undergraduate	
Fringe Benefits	
Consultant Services	
Participant Support Costs	
Materials Supplies/Services	
Equipment	
Travel	
Tuition	
Other Direct Cost	
Total Direct Cost	
Indirect Cost	
Total	

CERTIFICATION OF COLLEGE/SCHOOL

I hereby certify that there is positive evidence that the proposed sponsor intends to fund this project as described above. In the event the sponsor funding for this project is not received, sufficient institutional funds are available in my Department or College to cover charges against an advance project number not to exceed \$_____ for the period beginning _____ and ending _____. I further certify that no deliverables will be made prior to contract award.

Signature of Project Investigator:

Date:

Signature of Department Chair/Head:

Date:

Approval of Associate Dean for Research:

Date:

OSP Contract Administrator:

Date: