

# AUBURN UNIVERSITY COVERFORM FOR EXTRAMURAL PROGRAMS

PLEASE ALLOW OFFICE OF SPONSORED PROGRAMS 7 DAYS FOR PROCESSING

OSP #: \_\_\_\_\_

Dept #: \_\_\_\_\_

1. Project Leaders \_\_\_\_\_ Phone \_\_\_\_\_  
 Dept(s) \_\_\_\_\_ College(s)/School(s) \_\_\_\_\_  
 Project Title \_\_\_\_\_  
 Sponsor Name & Address \_\_\_\_\_  
 Sponsor Submission Deadline \_\_\_\_\_  
 Duration: Budget Period \_\_\_\_\_ To \_\_\_\_\_ Project Period \_\_\_\_\_ To \_\_\_\_\_

	Budget Period		Project Period	
	Sponsor	AU	Sponsor	AU
Direct Costs	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____
Rate _____%	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____
TDC MTDC Other*	_____	_____	_____	_____

\*Explain in Remarks \_\_\_\_\_

\*Note: It is the policy of the University to recover full indirect costs. Explain in detail requests for reduced or forfeited indirect costs and attach justification

3 Proposal New Award New Fund/Org/Prog: \_\_\_\_\_  
 Revised Revised

4. Commitment of University Resources  
 Cost sharing (amount and source) \_\_\_\_\_  
 Facilities Required DUC NMR Mass Spec EM Other \_\_\_\_\_  
 Are fees for the required facilities included in the sponsor budget? Yes No

5. Will this Project Involve:

a. Recombinant DNA or biological hazards	Yes	No	If Yes, has institutional Biosafety Committee approved
b. Radioactive or other hazardous materials	Yes	No	this research? Yes No
c. Human Subjects	Yes	No	d. Animals Yes No
Has IRB protocol been submitted	Yes	No	Has IACUC protocol been submitted Yes No
Has IRB protocol been approved	Yes	No	Approved PRN this activity: _____
Reviewed by Admin Asst IRB _____			Reviewed by Director Lab Animal Resources _____

6. Field of Science Code \_\_\_\_\_ Type of Research Code \_\_\_\_\_ Type of Extension Code \_\_\_\_\_

7. Is the project classified Yes No 8. AAES Project No \_\_\_\_\_ Fund Type \_\_\_\_\_ Award Type \_\_\_\_\_

9. Remarks \_\_\_\_\_

SECURITY RISK Yes No

10. This section to be completed by Department Head and Dean

AU (Division 1)	AAES (Division 3)	ACES (Division 4)
Instruction	Research	Extension Other

_____ Dept Head(s)	_____ Date	_____ Dean(s)	_____ Date
_____ Director	_____ Date	_____ Contract Administrator	_____ Date
_____ Appropriate Vice President	_____ Date	_____ Vice President for Research	_____ Date

# AUBURN UNIVERSITY COVER FORM FOR EXTRAMURAL PROGRAMS

## INSTRUCTIONS

This Cover Form is to be used in processing all proposals and awards for research, instruction, outreach and extension activities supported by external funds. A Cover Form is required for all new actions or modifications to existing projects. For example, the Cover Form, which is routed and approved for a proposal, cannot be used for the routing and approval of the award documents. All Cover Forms should be submitted to the Office of Sponsored Programs (OSP) at least SEVEN days prior to sponsor submission deadlines to allow sufficient time for review and processing. Questions concerning the preparation, routing, or processing of this form should be directed to OSP.

## SECTION 1

- a) Identify Project Leader(s), department(s) and college(s)/school(s).
- b) Provide phone number of Project Leader to be contacted for information.
- c) Identify the complete project title for the activity under review.
- d) Provide the Sponsor's name and address. The Sponsor identified should be the entity that will provide the funding for the project under review.
- e) Sponsor submission deadline is a date published by the sponsor for receipt. A submission deadline desired by the project leader, for reasons other than the Sponsor's submission deadline, should be listed here with clarifying comments noted in the REMARKS section.
- f) Duration of the project should be stated for both the budget period and the project period, if known. The budget period should reflect the dates for the current funding period. The project period should reflect the dates for the entire project. If specific dates are not known at this time, make a best guess estimate based upon the number of months or years the project will require.

## SECTION 2

- a) The budget summary should include the costs to be provided by the Sponsor for the current funding period (budget period) and for the entire project (project period). Any costs provided by the University should be identified for both the budget and project periods.
- b) The indirect cost rate which is charged to the Sponsor should be reflected in this section. If full indirect costs are not charged to the Sponsor, a letter requesting reduced or forfeited indirect costs must be attached with sufficient justification. Please note that outside of published sponsor policy to not reimburse indirect costs, requests for waiver will usually be denied.

## SECTION 3

- a) If this is a proposal, indicate whether it is new or a revised proposal. When processing a revised proposal, please identify the previous Cover Form number in the REMARKS section.
- b) If this is an award, indicate whether it is new or a modification to an existing award. When processing a modification to an award, please identify the current FOAP for the award.

## SECTION 4

- a) Identify amount and source of all cash cost sharing proposed. Attach a signed authorized commitment in memo format for all cost sharing sources.
- b) The use of University Research Facilities may involve a usage fee or special approvals. Please check any facilities used for the project and identify any fees associated therewith. Indicate in the project budget or the cost share budget how the fees will be paid.

If this activity requires the use of other facilities not mentioned, please identify.

**SECTION 5**

- a) Contact the Office of Environmental Health and Safety (4-4805) with questions involving recombinant DNA, potential biological hazards, or hazardous materials.
- b) Contact the Office of Human Subjects (4-5966) with questions involving the use of human subjects.
- c) Contact the Office of Animal Resources (4-5978) with questions involving the use of animals.

**SECTION 6**

- a) Identify appropriate Field of Science Code for ALL projects.

ENGINEERING	ENVIRONMENTAL SCIENCES	LIFE SCIENCES
EN1-Aeronautical/Astronautical Eng	ES1-Atmospheric	LS1-Agricultural
EN2-Chemical Engineering	ES2-Earth Sciences	LS2-Biological
EN3-Civil Engineering	ES3-Oceanography	LS3-Medical
EN4-Electronics & Electrical Engineering	ES4-Other Environmental Sciences	LS4-Other Life Sciences
EN5-Mechanical Engineering		
EN6-Industrial Engineering		
EN7-Textile Engineering		
EN8-Other Engineering		

PHYSICAL SCIENCES	SOCIAL SCIENCES	VETERINARY MEDICINE
PS1-Astronomy	SS1-Economics	VM1-Agricultural Life Science
PS2-Chemistry	SS2-Political Science	VM2-Biological Life Science
PS3-Physics	SS3-Sociology	VM3-Medical Life Science
PS4-Other Physical Sciences	SS4-Other Social Sciences	

OTHER		
AH1-Arts/Humanities	CS1-Computer Sciences	ED1-Education
MS1-Mathematical Sciences	LA1-Law	MC1-Management/Commerce
PY1-Psychology	OM1-Other Multidisciplinary	OS1-Other Sciences

- b) If this is a research activity, identify appropriate Type of Research Code:

01 Basic	02 Applied	03 Developmental
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- c) If this is an extension activity, identify appropriate Type of Extension Code:

04 ACES	05 University Outreach	06 Other
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**SECTION 7**

Contact the Security Officer in the Office of the Vice President for Research (4-5962) with questions concerning government security clearances/export control.

**SECTION 8**

If applicable, indicate project number assigned by AAES.

**SECTION 9**

Provide any additional information or special instructions necessary for the processing of the attached documents. If additional space is needed, continue on attached page(s).

## SECTION 10

The appropriate division and type of activity should be designated by the department head(s) and approved by the dean(s).

### ROUTING

- a) All Cover Forms should be routed in the sequence indicated in the APPROVALS section.
- b) The Appropriate Vice President for each activity is:
  - Instruction-VP for Academic Affairs
  - Research-VP for Research
  - Extension-Director of the Cooperative Extension System
  - Outreach-VP for University Outreach
  - Other-VP for Research

The routing process provides appropriate reviews to insure that all proposals and agreements are consistent with University, College, School, and Department missions and objectives, and are in compliance with applicable State, University, and Sponsor regulations. OSP will not process a Cover Form that has not received all appropriate approvals prior to reaching the OSP office.

Since this is a review process, and not simply a routing for signatures, as much time as possible should be allowed for the Office of Sponsored Programs to review and approve all Cover Forms and provide useable feedback to Investigators for proposal improvement or completion.

### PROCESSING

- a) The Project Leader should retain a copy of the cover form. The original should be forwarded to the Office of Sponsored Programs for final approval.
- b) The number of copies of the proposal or agreement requiring original signatures PLUS one additional copy of proposals and two additional copies of agreements for University files should be submitted.
- c) After a proposal is approved, a copy of the cover form and the signed copies of the proposal will be returned to the appropriate Dean or Director unless other arrangements are made. It is the responsibility of the Dean or Director to insure that the proposal is mailed to the sponsor. After an award is executed, the OSP will transmit the executed copies to the Sponsor. A copy of the cover form and a copy of the executed award will be returned to the Dean or Director. Any request for changes to an approved document should not be submitted to the Sponsor without the prior approval of OSP.