

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 _____%	_____	_____	_____	_____
TOTALS				
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