

# AUBURN UNIVERSITY COVERFORM FOR EXTRAMURAL PROGRAMS

PLEASE ALLOW CONTRACTS & GRANTS ADMINISTRATION SEVEN DAYS FOR PROCESSING

\* Shaded Areas for CGA Use Only

**\*AU No.**

<b>1. Project Leaders</b> _____ Dept(s) _____ Project Title _____ Sponsor Name & Address _____ _____ Sponsor Submission Deadline _____ Duration: Budget Period _____ To _____ Project Period _____ To _____																																	
<b>Budget Summary</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Budget Period</th> <th colspan="2">Project Period</th> </tr> <tr> <th>Sponsor</th> <th>AU</th> <th>Sponsor</th> <th>AU</th> </tr> </thead> <tbody> <tr> <td>Direct Costs</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Indirect Costs</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Rate _____ % Base TDC MTDC Other*</td> <td colspan="4"></td> </tr> <tr> <td>Totals</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p style="font-size: small;">* Explain in Remarks _____</p> <p style="font-size: x-small;">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.</p>						Budget Period		Project Period		Sponsor	AU	Sponsor	AU	Direct Costs	\$ _____	\$ _____	\$ _____	\$ _____	Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____	Rate _____ % Base TDC MTDC Other*					Totals	\$ _____	\$ _____	\$ _____	\$ _____
	Budget Period		Project Period																														
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Totals	\$ _____	\$ _____	\$ _____	\$ _____																													
<b>3.</b>	<b>Proposal</b> New Revised <input type="checkbox"/> New <input type="checkbox"/> Revised	<b>Award</b> New Revised <input type="checkbox"/> New <input type="checkbox"/> Revised	Current Account No. _____																														
<b>4. Commitment of University Resources</b> Cost Sharing (amount and source) _____ Facilities Required <input type="checkbox"/> DUC <input type="checkbox"/> NMR <input type="checkbox"/> Mass Spec <input type="checkbox"/> EM <input type="checkbox"/> Other _____ Are fees for the required facilities included in the sponsor budget? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
<b>5. Will this Project Involve:</b> a. Recombinant DNA or biological hazards <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, has institutional Biosafety Committee approved this research? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Radioactive or other hazardous materials <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>c. Human Subjects</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                              Has IRB protocol been submitted   <input type="checkbox"/> Yes <input type="checkbox"/> No                              Has IRB protocol been approved   <input type="checkbox"/> Yes <input type="checkbox"/> No                              Reviewed by Admin. Asst. IRB _____                         </td> <td style="width: 50%; vertical-align: top;"> <b>d. Animals:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                              Has IACUC protocol been submitted?   <input type="checkbox"/> Yes <input type="checkbox"/> No                              Approved PRN this activity: _____                              Reviewed by Director Lab Animal Resources _____                         </td> </tr> </table>					<b>c. Human Subjects</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Has IRB protocol been submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Has IRB protocol been approved <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed by Admin. Asst. IRB _____	<b>d. Animals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Has IACUC protocol been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Approved PRN this activity: _____ Reviewed by Director Lab Animal Resources _____																											
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<b>6. Field of Science Code</b> _____ <b>Type of Research Code</b> _____ <b>Type of Extension Code</b> _____																																	
<b>7. Is the project classified</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. AAES Project No.</b> _____																															
		<b>*Fund Type</b> _____ <b>*Award Type</b> _____																															
<b>9. REMARKS</b> _____ _____ _____																																	

A P P R O V A L S	<b>10. This section to be completed by Department Head and Dean</b>											
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> AU (Division 1)</td> <td><input type="checkbox"/> AAES (Division 3)</td> <td><input type="checkbox"/> ACES (Division 4)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Instruction</td> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Extension</td> <td><input type="checkbox"/> Other</td> </tr> </table>				<input type="checkbox"/> AU (Division 1)	<input type="checkbox"/> AAES (Division 3)	<input type="checkbox"/> ACES (Division 4)		<input type="checkbox"/> Instruction	<input type="checkbox"/> Research	<input type="checkbox"/> Extension	<input type="checkbox"/> Other
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	Dept. Head(s) _____ Date _____		Dean(s) _____ Date _____									
Director _____ Date _____		Appropriate Vice President _____ Date _____										
Contracts and Grants Accounting _____ Date _____		Vice President for Research _____ Date _____										
		Contracts & Grants Administration _____ Date _____										