

# AUBURN UNIVERSITY COVERFORM FOR EXTRAMURAL PROGRAMS

PLEASE ALLOW CONTRACTS & GRANTS ADMINISTRATION SEVEN DAYS FOR PROCESSING

\* Shaded Areas for CGA Use Only

**\*AU No.**

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

Budget Summary	Budget Period		Project Period	
	Sponsor	AU	Sponsor	AU
Direct Costs	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____
Rate _____ % Base TDC MTDC Other*				
Totals	\$ _____	\$ _____	\$ _____	\$ _____

\* 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 Revised	Award	New Revised	Current Account No. _____
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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 this research?  Yes  No

b. Radioactive or other hazardous materials  Yes  No

c. Human Subjects <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 _____	d. Animals: <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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6. Field of Science Code \_\_\_\_\_ Type of Research Code \_\_\_\_\_ Type of Extension Code \_\_\_\_\_

7. Is the project classified <input type="checkbox"/> Yes <input type="checkbox"/> No	8. AAES Project No. _____	*Fund Type _____ *Award Type _____
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9. REMARKS \_\_\_\_\_  
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10. This section to be completed by Department Head and Dean

<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

Dept. Head(s) \_\_\_\_\_ Date \_\_\_\_\_ Dean(s) \_\_\_\_\_ Date \_\_\_\_\_

A  
P  
P  
R  
O  
V  
A  
L  
S

Director _____	Date _____	Appropriate Vice President _____	Date _____	Contracts & Grants Administration _____	Date _____
Contracts and Grants Accounting _____	Date _____	Vice President for Research _____	Date _____		