

Funding Request Clearance Form



Principal Investigator / Project Director Name:

Request Date:

Sponsor Deadline:

Funder Name:

Funder Contact:

Phone:

E-mail:

Project / Request Title:

Funding Request \$:

Matching Request

Does Sponsor require Match? Yes No At what ratio?

Required Information:

- 1) This is a Fee for Service Contractual Relationship
- 2) This is a Request for Continued Support of program.
- 3) Has your Dean approved this project? Yes No
- 4) Is this request made in response to a formal Request for Proposals (RFP)? Yes No
(If so, provide a copy of or link to the RFP with this form.)

5) Brief Abstract (200 words or less):

6) Rationale for approaching this foundation:

7) Will the project involve any of the following? Human subjects, vertebrate animals, radioactive materials, recombinant DNA, human body substances, infectious agents, or third-party proprietary materials, collection, management, and/or provision of sensitive data (covered by FERPA, HIPAA, etc.)? Yes No

8) Will the project involve Minors on campus? Yes No

9) Will the funder subject the external support to any of the following conditions? Mark **ALL** that may apply:

Delivery of specific goods, services, or other deliverables

Transfer of intellectual property, ownership, or related rights

Insurance, Indemnification, or Warranty

Financial reporting or accounting for line-item budgets?

Performance milestones

Audit requirements

Restrictions on publication of research results

10) Will the funder withhold or seek a full or partial refund of the external support if the project fails to meet requirements or project objectives, deliverables, or outcomes? Yes No