



Sponsored Projects Accounting and Compliance (SPAC)

CHILD PROJECT REQUEST FORM

Note: A copy of the Award Letter must be attached

| PARENT PROJECT INFORMATION | | | |
|----------------------------|--|-------------------|--|
| Parent PI Name | | Parent Project ID | |

| INFORMATION FOR CHILD PROJECT SET UP | | | |
|--------------------------------------|--|----------------|----------|
| Project PI Name | | | |
| School | | Cntr/Institute | |
| Department | | Division | |
| Project Title | | | |
| Period of Performance | Start Date | | End Date |
| Activity Type | <input type="checkbox"/> Research <input type="checkbox"/> Other Sponsored Activity <input type="checkbox"/> Fellowship (Pre) <input type="checkbox"/> Services <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Fellowship (Post) Note: If the activity type is different from the parent, please provide an explanation of the work being performed under "Remarks" on page 2. | | |

| CONTACT INFORMATION | |
|---|--|
| Department Administrator/Account Mgr | |
| Telephone Number | |
| Email | |
| eUMB Owner Department Code (Child) | |
| Will this involve a subaward to another organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| If any are yes, please check the appropriate box: | | | | | |
|---|--|------------|--------------------------------|---------------|--|
| Cost Share (Fund 146) | | | Over the Salary Cap (Fund 147) | | |
| Humans? | | Protocol # | | Approval Date | |
| Animals? | | Protocol # | | Approval Date | |
| Pathogenic microorganisms or toxins | | | Recombinant DNA or RNA | | |
| Material of human origin including blood | | | Select Agents | | |

| CERTIFICATION BY CHILD PROJECT PI |
|--|
| <ul style="list-style-type: none"> • That I am aware that this form may be viewed as a legal document in the event of audit or legal action • That the information contained within the submitted application is true, complete and accurate to the best of my knowledge • That I am aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil or administrative penalties • That I agree to accept responsibility for the conduct of the project and to provide the reports required by this award • That I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency. |

| REQUIRED SIGNATURES | | | |
|---------------------|--|------|--|
| Parent Project PI | | Date | |
| Child Project PI | | Date | |
| Child Project Chair | | Date | |



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BUDGET INFORMATION

| | |
|---|---------|
| Total Amount of Funds for Child Project | \$ 0.00 |
| eUMB Project Number to be Decreased: | |

| | | Account/Description | | | Account/Description | |
|----|------|---------------------|--|----|---------------------|--|
| \$ | From | | | to | | |
| \$ | From | | | to | | |
| \$ | From | | | to | | |
| \$ | From | | | to | | |
| \$ | From | | | to | | |
| \$ | From | | | to | | |

NOTE: When applicable, include changes that affect the F&A budget category (examples: transfer of funds to purchase equipment or to enter into a sub-recipient agreement).

REMARKS:

REMINDER: SECURITY ACCESS

Staff with access to the Owner Department Code for the child will receive access in Raven to view activity. In order for the parent project to view activity on the child or for the child to view activity on the parent, a security form will need to be completed.

Users are strongly encouraged to request security access in conjunction with requesting the child project. Please complete the form on the next page.

SPAC will forward the RAVEN Access Request for processing.

RAVEN ACCESS REQUEST

Access should be approved by your department head or their designee and include all of the information presented below. Upon their approval, have them forward the request to:

ASC Help Desk
Health Sciences & Human Services Library
601 W. Lombard Street LL06
Phone: 410-706-HELP (4357) Fax: 410-706-4191

- New** - Create new profile
- Change** - Change an existing profile
- Delete** - Delete an existing profile

| User Information | | |
|-----------------------|----------------------|-------------------|
| User Name | Date | School/Department |
| | | |
| Employee/Affiliate ID | Campus Email Address | Campus Phone |
| | | |

| RAVEN Roles | Assign Role | Remove Role | Description |
|--------------------------|-------------|-------------|---|
| RAVEN COEUS Inquiry | | | Allows access to all COEUS Inquiry Pages. |
| RAVEN Financials Inquiry | | | Allows access to all pages in RAVEN Financials Inquiry for designated access. |
| RAVEN PCard Inquiry | | | Allows access to Pro Card pages for designated access. |
| RAVEN SPC Inquiry | | | Allows access to the Statement of Payroll Charges for designated access. |

| Comments |
|----------|
| |
| |

| ACCESS TYPE | Complete Access Type if you are requesting access to RAVEN Financials, PCard or SPC Inquiry. You must indicate Owner Department for each Project ID and/or Award ID. | | |
|------------------|--|---------------------------|--|
| Owner Department | | | |
| Project ID (1) | | Project ID Owner Dept (1) | |
| Project ID (2) | | Project ID Owner Dept (2) | |
| Project ID (3) | | Project ID Owner Dept (3) | |
| Award ID | | Award ID Owner Dept | |

| Employee Signature | Date | Department Head or Designee Signature |
|--|------|---------------------------------------|
| | | |
| Financial Services Representative Signature RAVEN access has been established. | | |