



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"> <li>• That I am aware that this form may be viewed as a legal document in the event of audit or legal action</li> <li>• That the information contained within the submitted application is true, complete and accurate to the best of my knowledge</li> <li>• That I am aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil or administrative penalties</li> <li>• That I agree to accept responsibility for the conduct of the project and to provide the reports required by this award</li> <li>• That I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.</li> </ul>

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.