



Oregon Health & Science University

**RESEARCH DEVELOPMENT AND ADMINISTRATION
SPONSORED PROJECTS ADMINISTRATION**

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Sponsored Projects Information Request Form

Purpose. To assure that requests for sponsored projects information are prepared in a uniform and accurate manner, when filing a request please provide as much of the following information as possible. Please note that some information may be unavailable or may be subject to certain qualifications or adjustments depending upon the parameters of the report.

REQUESTER'S INFORMATION

Name: _____ Phone: _____
Department / Agency Name: _____
Date of Request: _____ Date Report Needed: _____

PURPOSE OF REQUESTED REPORT

Please describe the purpose of the requested report and attach any supporting documentation.

REPORT DETAILS

Instructions: Please complete as many details as possible about your requested report.

TITLE OF REPORT TO BE PREPARED: _____

RECORD TYPE:

- Awards
- Expenditure

TIME PERIOD:

- Set up dates. From _____ To _____
- Fiscal year _____
- Other (please specify) _____

FIELDS REQUESTED:

- Principal Investigator (PI) name _____
- School _____
- Department _____
- Division _____
- Organization Name _____
- Organization Number _____
- Award Type (eg, grant, contract, subcontract) _____
- Activity Type (research, public service, training, clinical trial, etc) _____
- Project Title _____
- Sponsor (Agency) _____
- OGA Project / Award Number(s) _____
- Project Start & End Dates (budget year, generally one year) _____
- Award Start & End Dates (full competitive segment or award term, generally multiple years) _____
- Direct Costs _____
- F&A (indirect) Costs _____
- Total Cost _____
- Other (please specify) _____

DELIVERY METHOD

Choose One:

- Campus Mail (mail code _____)
- Mailing Address (if external to OHSU) _____
- Fax _____
- Email _____

SPA USE ONLY

SPA Authorization: _____ Comments: _____

Prepared By: _____ Date Completed: _____

Approved: _____ Comments: _____