

# 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.

|                    |             |       |             |                           |
|--------------------|-------------|-------|-------------|---------------------------|
| <b>3. Proposal</b> | New Revised | Award | New Revised | Current Account No. _____ |
|--------------------|-------------|-------|-------------|---------------------------|

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<br>Has IRB protocol been submitted <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has IRB protocol been approved <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reviewed by Admin. Asst. IRB _____ | d. Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has IACUC protocol been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Approved PRN this activity: _____<br>Reviewed by Director Lab Animal Resources _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 _____ |
|---------------------------------------------------------------------------------------|---------------------------|------------------------------------|

9. REMARKS \_\_\_\_\_  
 \_\_\_\_\_

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

## AUBURN UNIVERSITY COVER FORM FOR EXTRAMURAL PROGRAMS

### INSTRUCTIONS

This Cover Form is to be used in processing all proposals and awards for research, instruction, outreach and extension activities supported by external funds. A Cover Form is required for **all** new actions or modifications to existing projects. For example, the Cover Form, which is routed and approved for a proposal, cannot be used for the routing and approval of the award documents. All Cover Forms should be submitted to the Office of Sponsored Programs (OSP) at least SEVEN days prior to sponsor submission deadlines to allow sufficient time for review and processing. Questions concerning the preparation, routing, or processing of this form should be directed to OSP.

### PREPARATION

Shaded areas will be completed by OSP.

#### SECTION 1

- a) Identify Project Leader(s), department(s) and college(s)/school(s).
- b) Provide phone number of Project Leader to be contacted for information.
- c) Identify the complete project title for the activity under review.
- d) Provide the Sponsor's name and address. The Sponsor identified should be the entity that will provide the funding for the project under review.
- e) Sponsor submission deadline is a date published by the sponsor for receipt. A submission deadline desired by the project leader, for reasons other than the Sponsor's submission deadline, should be listed here with clarifying comments noted in the REMARKS section.
- f) Duration of the project should be stated for both the budget period and the project period, if known. The budget period should reflect the dates for the current funding period. The project period should reflect the dates for the entire project. If specific dates are not known at this time, make a best guess estimate based upon the number of months or years the project will require.

#### SECTION 2

- a) The budget summary should include the costs to be provided by the Sponsor for the current funding period (budget period) and for the entire project (project period). Any costs provided by the University should be identified for both the budget and project periods.
- b) The indirect cost rate which is charged to the Sponsor should be reflected in this section. If full indirect costs are not charged to the Sponsor, a letter requesting reduced or forfeited indirect costs **must** be attached with sufficient justification. Please note that outside of published sponsor policy to not reimburse indirect costs, requests for waiver will usually be denied.

#### SECTION 3

- a) If this is a proposal, indicate whether it is new or a revised proposal. When processing a revised proposal, please identify the previous Cover Form number in the REMARKS section.
- b) If this is an award, indicate whether it is new or a modification to an existing award. When processing a modification to an award, please identify the current account number for the award.

#### SECTION 4

- a) Identify amount and source of all cash cost sharing proposed. Attach a signed authorized commitment in memo format for all cost sharing sources.
- b) The use of University Research Facilities may involve a usage fee or special approvals. Please check any facilities used for the project and identify any fees associated therewith. Indicate in the project budget or the cost share budget how the fees will be paid.

If this activity requires the use of other facilities not mentioned, please identify.

#### SECTION 5

- a) Contact the Office of Safety & Environmental Health (4-4870) if you have questions involving recombinant DNA, potential biological hazards, or hazardous materials.
- b) Contact the Office of Human Subjects (4-5966) if you have questions involving the use of human subjects. The IRB Administrator must initial the Cover Form for Extramural Programs before it is submitted to OSP for processing.
- c) Contact the Office of Animal Resources (4-5978) if you have questions involving the use of animals. The Research Program Administrator must initial the Cover Form for Extramural Programs before it is submitted to OSP for processing.

## SECTION 6

a) Identify appropriate Field of Science Code for ALL projects:

### ENGINEERING

EN1 Aeronautical/Astronautical Eng  
EN2 Chemical Eng  
EN3 Civil Eng  
EN4 Electronics & Electrical Eng  
EN5 Mechanical Eng  
EN6 Industrial Eng  
EN7 Textile Eng  
EN8 Other, Eng  
Science

Science

### PHYSICAL SCIENCES

PS1 Astronomy  
PS2 Chemistry  
PS3 Physics  
PS4 Other, Physical Sciences

### ENVIRONMENTAL SCIENCES

ES1 Atmospheric  
ES2 Earth Sciences  
ES3 Oceanography  
ES4 Other, Environmental Sciences

### SOCIAL SCIENCES

SS1 Economics  
SS2 Political Science  
SS3 Sociology  
SS4 Other, Social Sciences  
OS1 Other Sciences  
MS1 Mathematical Sciences  
CS1 Computer Sciences  
MC1 Management/Commerce  
OM1 Other, Multidisciplinary

### LIFE SCIENCES

LS1 Agricultural  
LS2 Biological  
LS3 Medical  
LS4 Other, Life

### VETERINARY MEDICINE

VM1 Agricultural Life  
VM2 Biological Life  
VM3 Medical Life  
ED1 Education  
LA1 Law  
AH1 Arts/Humanities  
PY1 Psychology

- b) If this is a research activity, identify appropriate Type of Research Code: **01** Basic; **02** Applied; **03** Developmental.
- c) If this is an extension activity, identify appropriate Type of Extension Code: **04** ACES; **05** University Outreach; **06** Other.

## SECTION 7

Contact the Security Officer in the Office of the Vice President for Research if you have questions concerning government security clearances.

## SECTION 8

If applicable, indicate project number assigned by AAES.

## SECTION 9

Provide any additional information or special instructions necessary for the processing of the attached documents. If additional space is needed, continue on attached page(s).

## SECTION 10

The appropriate division and type of activity should be designated by the department head(s) and approved by the dean(s).

## ROUTING

a) All Cover Forms should be routed in the sequence indicated in the APPROVALS section. However, if animals or humans are involved in the research, the Cover Form should be submitted to the applicable offices after the department head(s) and dean(s) have approved the Cover Form.

- b) The Appropriate Vice President for each activity is:
- Instruction -- VP for Academic Affairs
  - Research -- VP for Research
  - Extension -- Director of the Cooperative Extension System
  - Outreach -- VP for University Outreach
  - Other -- VP for Research

The routing process provides appropriate reviews to insure that all proposals and agreements are consistent with University, College, School, and Department missions and objectives, and are in compliance with applicable State, University, and Sponsor regulations. OSP will not process a Cover Form that has not received all appropriate approvals prior to reaching the OSP office. **Since this is a review process, and not simply a routing for signatures, as much time as possible should be allowed for the Office of Sponsored Programs to review and approve all Cover Forms and provide useable feedback to Investigators for proposal improvement or completion.**

## PROCESSING

- a) The Project Leader should retain a copy of the cover form. The original should be forwarded to the Office of Sponsored Programs for final approval.
- b) The **number** of copies of the proposal or agreement requiring original signatures PLUS **one** additional copy of proposals and **two** additional copies of agreements for University files should be submitted.

c) After a proposal is approved, a copy of the cover form and the signed copies of the proposal will be returned to the appropriate Dean or Director unless other arrangements are made. It is the responsibility of the Dean or Director to insure that the proposal is mailed to the sponsor. After an award is executed, the OSP will transmit the executed copies to the Sponsor. A copy of the cover form and a copy of the executed award will be returned to the Dean or Director. Any request for changes to an approved document should not be submitted to the Sponsor without the prior approval of OSP.