

Research Service Center and Designated Fund REVIEW & APPROVAL FORM

GENERAL:

- Research Service Center (primarily billing sponsored projects, cost recovery only)
- Designated Fund (billing external entities, profit generating)

Title: _____

Director: _____

Department: _____ Physical location of facility: _____

Does this service require space modification? Yes No

Does this service require Capital Equipment purchase? Yes No

SIGNATURES:

PRINCIPAL INVESTIGATOR/ DIRECTOR

My signature below certifies that 1) the information submitted with the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for the scientific conduct of the facility and to provide the required annual progress reports if a the fund is approved:

Principal Investigator

Date: ___ / ___ / _____ Name: _____ Signature: _____

DEPARTMENTAL APPROVAL

My signature below certifies that 1) the individual is eligible to be Principal Investigator/ Director; 2) the scientific merit of this proposal is within the role/scope of the department; 3) the proposal has been subjected to an administrative and financial review.

Department Business Person(s)

Date: ___ / ___ / _____ Name: _____ Signature: _____

Department Chair

Date: ___ / ___ / _____ Name: _____ Signature: _____

DEAN'S OFFICE APPROVAL

My signature below certifies that the scientific merit of this proposal is within the research and educational objectives of the school and meets the financial interests of the school.

Dean

Date: ___ / ___ / _____ Name: _____ Signature: _____