

**Purpose:** To collect necessary approvals authorizing sub-fund establishment by primary and collaborating PI.

**USA Grant Primary Award Principal Investigator:** \_\_\_\_\_  
**Sponsor:** \_\_\_\_\_ **FOPAL #:** \_\_\_\_\_  
**OGCA Grant Accountant:** \_\_\_\_\_

**Award Action:**

- Request to establish cost share fund. FOPAL to fund cost share:** \_\_\_\_\_
- Request to establish a sub-fund mapping to grant above:** The current award PI, sub-fund PI and their respective Department Chairs must sign form. Please review the following requirements, answer when appropriate and/or attach supporting documentation as necessary:
  - ✓ Sub-fund co-investigator: \_\_\_\_\_
  - ✓ Brief statement of work
  - ✓ Sub-fund budget by major budget category and budget justification. FOPAL# funding budget: \_\_\_\_\_
  - ✓ Budget period start date: \_\_\_\_\_ and end date: \_\_\_\_\_
  - ✓ Org number to be used for sub-fund: \_\_\_\_\_
  - ✓ If human subjects or embryonic stem cells will be used in scope of work, provide IRB approval # \_\_\_\_\_
  - ✓ If animals will be used in scope of work, provide IACUC approval # \_\_\_\_\_
  - ✓ If Biohazards or Select Agents will be used in the scope of work, provide the proper approval # \_\_\_\_\_
  - ✓ If this sub-account will be funded by a Public Health Service Agency please provide a completed and signed copy of the PHS FCOI form found here: [http://www.southalabama.edu/departments/eforms/spa/COI\\_PHSDeclaration.pdf](http://www.southalabama.edu/departments/eforms/spa/COI_PHSDeclaration.pdf)
  - ✓ Will any equipment be exported by the University in the course of this project? Yes / No
  - ✓ Will this project require any export controlled information to be received on campus? Yes / No
  - ✓ Will this project likely involve any foreign nationals? Yes / No
  - ✓ Location where work will be conducted (provide building and room number or description of off campus location: \_\_\_\_\_
  - ✓ Will a cost share FOPAL be needed to accompany this sub-fund? Yes / No. If yes, please provide Org #: \_\_\_\_\_

**Principal Investigator(s)/Endorsement:** By signing this form you agree to perform the work described in the attached statement of work, manage the project budget and submit all required reports in accordance with applicable University, State, Federal and Sponsor policies and procedures at the direction of the USA award principal investigator.

<b>USA Award Principal Investigator Signature</b>	<b>Date</b>	<b>USA Award PI's Dept Chair Signature</b>	<b>Date</b>
<b>Sub-Fund Co-Investigator Signature</b>	<b>Date</b>	<b>Co-Investigator Dept Chair Signature</b>	<b>Date</b>

**USA Sub-Fund FOPAL:** \_\_\_\_\_

**OGCA Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_