

## Contract Authorization Form

The purpose of this form is to summarize for internal reviewers information pertinent for the generation of a contract. A contract is an instrument used for the procurement of a product or service with the expectation that specific outputs by both Winthrop and the sponsor will be delivered during a stated timeline. The contract must reviewed and signed by the President, Provost, or other parties as required and executed by the sponsor before work can commence. Contact GSRD at x2460 with questions.

**Principal Investigator** \_\_\_\_\_ **College/Division** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Department/Office** \_\_\_\_\_

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CONTRACT INFORMATION

**Project Title** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contract Period** \_\_\_\_\_

**Type of Contract/Amount**

Fixed Rate - \_\_\_\_\_

Variable Rate – Estimated \_\_\_\_\_ Describe: \_\_\_\_\_

**Purpose**

Research      Instruction      Public Service      Other \_\_\_\_\_

COMPLIANCE CERTIFICATIONS

Will this project involve research with human subjects?      Yes      No

IRB Protocol # \_\_\_\_\_ IRB Approval Date: \_\_\_\_\_ Exemption Date: \_\_\_\_\_

Pending IRB Approval

Will this project involve research with live vertebrate animals?      Yes      No

IACUC Protocol # \_\_\_\_\_ IACUC Approval Date: \_\_\_\_\_ Pending IACUC Approval

Will this project involve the use of biohazardous materials?      Yes      No

Biosafety Protocol # \_\_\_\_\_ Biosafety Approval Date: \_\_\_\_\_ Pending Biosafety Approval

**BUDGET**

<b>BUDGET</b>		
<b>Description</b>	<b>Budget Total</b>	<b>Comments</b>
Personnel Costs		
Supplies		
Equipment		
Miscellaneous Costs		Describe:
Total Direct Costs		
Facilities and Administrative Costs		Indirect Cost Rate (if other than negotiated rate):
Total Contract Budget		

<b>PROJECT PERSONNEL</b>				
List all personnel (current employees and new positions) who have effort and/or will be paid on this contract. Attach a separate sheet if necessary.				
<b>Name and Role</b>	<b>CWID#</b>	<b>% Effort</b>	<b>Dual Employment Salary + FB</b>	<b>Summer Employment Salary + FB</b>

**Procurement Card Liaison**

Name: \_\_\_\_\_ Winthrop ID # \_\_\_\_\_

**Provide a brief Scope of Work.**

**FINANCIAL DISCLOSURE**

Do any of the above personnel, their spouses, or dependent children have any financial interests related to this contract?                      Yes                      No

If yes, complete and attach the Disclosure of Financial Interest for Sponsored Projects Form for each individual with a financial interest.

**Please send the completed form and contract draft to GSRD for review and set-up for e-signature approval in Adobe Sign.**

**SIGNATURES**

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

GSRD \_\_\_\_\_ Date \_\_\_\_\_

Provost \_\_\_\_\_ Date \_\_\_\_\_