



Sponsored Projects Accounting and Compliance (SPAC)

**CHILD PROJECT REQUEST FORM**

**Note: A copy of the Award Letter must be attached**

PARENT PROJECT INFORMATION			
Parent PI Name		Award #	
		Parent Project #	

INFORMATION FOR CHILD PROJECT SET UP			
Project PI Name			
School		Cntr/Institute	
Department		Division	
Project Title			
Period of Performance	Start Date		End Date
Function Type	<input type="checkbox"/> Research <input type="checkbox"/> Other Sponsored Activity <input type="checkbox"/> Fellowship (Pre) <input type="checkbox"/> Services <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Fellowship (Post) Note: If the activity type is different from the parent, please provide an explanation of the work being performed under "Remarks" on page 2.		

CONTACT INFORMATION	
Department Administrator/Account Mgr.	
Telephone Number	
Email	
Quantum Owner Department Code (Child)	
Will this involve a subaward to another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any are yes, please check the appropriate box:					
	Committed Cost Share			Over the Salary Cap Cost Share	
	Humans?		Protocol #		Approval Date
	Animals?		Protocol #		Approval Date
	Pathogenic microorganisms or toxins			Recombinant DNA or RNA	
	Material of human origin including blood			Select Agents	

CERTIFICATION BY CHILD PROJECT PI
<ul style="list-style-type: none"> <li>• That I am aware that this form may be viewed as a legal document in the event of audit or legal action</li> <li>• That the information contained within the submitted application is true, complete and accurate to the best of my knowledge</li> <li>• That I am aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil or administrative penalties</li> <li>• That I agree to accept responsibility for the conduct of the project and to provide the reports required by this award</li> <li>• That I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.</li> </ul>

REQUIRED SIGNATURES			
Parent Project PI		Date	
Child Project PI		Date	
Child Project Chair		Date	



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BUDGET INFORMATION

Total Amount of Funds for Child Project	\$ 0.00
Quantum Project Number to be Decreased:	

		Object/Description		Object/Description
\$	From		to	
\$	From		to	
\$	From		to	
\$	From		to	
\$	From		to	
\$	From		to	

NOTE: When applicable, include changes that affect the F&A budget category (examples: transfer of funds to purchase equipment or to enter into a sub-recipient agreement).

REMARKS: