

INTRAMURAL PROJECT SET-UP FORM

Request for Intramural Project Set-up

Project Information

PI/PD Name:		Project Title:	
PI EMP ID: <i>(Required)</i>			
Start Date:	_____	Associated Net Asset:	_____
End Date: <i>(If none specified, TSRI will auto populate to 1 year from start date)</i>	_____	Fund Code (REQUIRED):	_____
Dept/Div Name:	_____	Name of Sponsor/ Donor of Funds:	_____
Dept ID:	_____		

(80XXXXX - Basic Research/Clinical & 82XXXXX - Training/Service/Education)

Project Type / Purpose

(Select one that best describes your project; if no option describes project, contact TSRIFinance@chla.usc.edu)

RESEARCH	TRAINING/EDUCATION	SERVICE
<input type="checkbox"/> Discretionary Academic Project	<input type="checkbox"/> Board Designated Endowment Income	<input type="checkbox"/> Restricted Donations
<input type="checkbox"/> Board Designated Endowment Income	<input type="checkbox"/> Board Designated Reserves	<input type="checkbox"/> Restricted Endowment Income
<input type="checkbox"/> Board Designated Reserves	<input type="checkbox"/> Restricted Donation Income	<input type="checkbox"/> Board Designated Reserves
<input type="checkbox"/> Restricted Donation Income	<input type="checkbox"/> Restricted Endowment Income	<input type="checkbox"/> Endowment Income
<input type="checkbox"/> Restricted Endowment Income		

Financial Information

Project's Indirect Cost Rate (Administrative Fee): <i>Per policy ADM 182.0, a 10% indirect cost rate shall be applied for all non-endowment restricted use gifts. If no indirect cost is applied, provide an approved email waiver, from SVP of Foundation, in accordance to the policy.</i>	
Requested Budget <i>(Attach requested budget by account category)</i>	
Reporting Requirements (list all below):	

Approvals

By signing below, PI certifies to expend funds on this project in accordance with any related gift/donation/pledge restrictions and in accordance with CHLA policies. The PI/Division agrees to cover any overspending of this project's budget.

Print Name	Principal Investigator	Signature	Date
Print Name	Division/Dept Admin OR Budget Manger OR Div/Dept Head	Signature	Date