



INTRAMURAL PROJECT SET-UP FORM

Request for Intramural Project Set-up

Project Information

PI/PD Name:		Project Title:	
PI EMP ID:			
Start Date:	_____	End Date:	_____
Dept/Division Name:	_____	Fund Code:	_____
Dept ID:	_____	Name of Sponsor/ Donor of Funds:	_____

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

Project Type / Purpose

(Select best description that describes the research project. If no appropriate option exists for your research project, contact TSRIFinance@chla.usc.edu.
 If Project is **NOT** research related, please contact CHLA Accounting)

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

Financial Information

Total Budget:	F&A (Admin Fee) rate:	Reporting Requirements (list all applicable) :
Please complete detailed budget template on Page 2	Per Policy FND – 011.0, an Administrative Fee shall not be charged to philanthropic grants or philanthropic gifts unless it falls under the exception by entities that explicitly allow indirect overhead expenses. If indirect cost is to be applied, the rate is set at 10%	

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 Division/Dept Head	Signature	Date

Budget for Intramural Project Setup

Budget for Intramural Project Setup			
Budget Category	PeopleSoft Name	Expense Account	\$ Amount
USC Salaries	USC	610000	
CHLA Salaries	PERSON	605999	
Fringe Benefits	FRINGE	625000	
Consultants/Temps	CONSLT	630000	
Equipment	EQUIP	655000	
Supplies	SUPL	635000	
Domestic Travel	DOTRAV	670000	
Patient Care	PATIEN	640600	
Purchased Services	P_SVC	640000	
Other Expenses	OTHER	695000	
Stipend Other	STPOTH	620000	
Foreign Travel	FOTRAV	670900	
Sub<=25	SB<=25	640700	
Sub>25	SB>25	640730	
		Total Budget / Direct Costs	
		<hr/> <hr/>	
Indirect cost @ 10% (If allowed per policy FND - 011.0)	FACADM	680999	
		Total Budget	
		<hr/> <hr/>	