FEE-FOR-SERVICE ACTIVITY FORM

Activity Leader Department/Unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept/Unit Administering the Fee-for-Service Project \_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_

*Default Department Account number*\_\_\_\_\_\_\_\_\_\_\_\_\_ *(REQUIRED)*

Organization sponsoring the Fee-for-Service Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL Requested Amount: (Including Facilities & Administrative Fee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Performance: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are faculty salaries included in the budget? Yes\_\_\_\_\_ No \_\_\_\_\_

Are billing rates on file? Date Approved by Financial Analysis: \_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_ No \_\_\_\_\_

Do you or your immediate family have any financial or equity interest in this organization? Yes\_\_\_\_\_ No \_\_\_\_\_

If YES see the [MSU Faculty Conflict of Interest Guidelines](http://coi.msu.edu/)

Do you anticipate intellectual property to result from this project? Yes\_\_\_\_\_ No \_\_\_\_\_

If YES contact [MSU Technologies](http://www.technologies.msu.edu/)

Does this project involve any of the following:

Human subjects or animals, or their blood/materials/fluids? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES to human subjects, contact the [Office of Human Research Protection](http://www.humanresearch.msu.edu/)

If YES to animals, contact the [Institutional Animal Care and Use Committee](https://animalcare.msu.edu/IACUC)

Pathogens/Biohazards? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, contact the [Institutional Biosafety Committee](http://www.biosafety.msu.edu/ibc/ibc_index.htm)

Hazardous/Regulated chemicals, radioisotopes? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, contact either the Office of [Environmental Health and Safety](http://www.orcbs.msu.edu/) or the [Chemical Hygiene Committee](http://www.orcbs.msu.edu/)

Recombinant DNA, stem cells or stem cell lines? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, contact the [Institutional Biosafety Committee](http://www.biosafety.msu.edu/ibc/ibc_index.htm)

Are the funds from the organization Federal (USA) in origin? Yes\_\_\_\_\_\_ No\_\_\_\_\_

(i.e. subcontract via an SBIR, match funds to a federal grant, etc.)?

If YES, contact the [Office of Sponsored Programs](https://osp.msu.edu/)

Does the project require an Export Control and Open Research Review Worksheet (ECORRW) as described in https://osp.msu.edu/PL/Portal/DocumentViewer.aspx?cga=aQBkAD0AMQA2ADQA Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, contact the [Office of Export Control & Trade Sanctions](http://exportcontrols.msu.edu/) and begin an ECORRW at http://forms.exportcontrols.msu.edu

Does the organization require a signed Purchase Order? Yes\_\_\_\_\_\_ No\_\_\_\_\_

Does the organization require a DUA, MTA, NDA/CDA? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, contact [MSU Technologies](http://www.technologies.msu.edu/)

Will the organization agree to use the MSU Standard Services Agreement? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If NO: for commercial clients, route to [MSU Business Connect](http://businessconnect.msu.edu); all other clients, route to [General Counsel](http://ogc.msu.edu/)

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Activity Leader Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean for Research Date

*This form must be completed prior to submission of a fee-for-service proposal to an organization.*