FEE-FOR-SERVICE PROJECT FORM

Project Leader

__________________________________________

Department/Unit

__________________________________________

Other Participants

__________________________________________

__________________________________________

__________________________________________

Dept/Unit Administering the Fee-for-Service Project _________  Account Number _______________

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 __________________

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

Do you anticipate intellectual property to result from this project? Yes_____ No _____

If YES contact MSU Technologies

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

  If YES to animals, contact the Institutional Animal Care and Use Committee

- Pathogens/Biohazards? Yes_____ No _____

  If YES, contact the Institutional Biosafety Committee

- Hazardous/Regulated chemicals, radioisotopes? Yes_____ No _____

  If YES, contact either the Office of Environmental Health and Safety or the Chemical Hygiene Committee

- Recombinant DNA, stem cells or stem cell lines? Yes_____ No _____

  If YES, contact the Institutional Biosafety Committee

Are the funds from the organization Federal 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

Are the materials or products subject to Export Controls or Trade Sanctions? Yes_____ No _____

If YES, contact the Office of Export Control & Trade Sanctions
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
Will the organization agree to use the MSU Standard Services Agreement?  Yes_____ No_____ 
  If NO: for commercial clients, route to MSU Business Connect; all other clients, route to General Counsel

____________________________  ______________________
Project Leader Signature             Date

____________________________  ______________________
Chairperson Signature              Date

____________________________  ______________________
Unit Administrator                 Date

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