TEXAS A&M AGRILIFE

PERSONNEL

PI: _____ **UIN:** _____ **Department:** _____ ☐ **Research** ☐ **Extension**

List all other personnel who will be involved in the project/collaboration (add separate page if needed):

Name:	DEPT	Affiliation:	Institution Name: (if not AgriLife)	Receiving funding or compensation?
_____	_____	Choose	_____	☐ Yes ☐ No
_____	_____	Choose	_____	☐ Yes ☐ No
_____	_____	Choose	_____	☐ Yes ☐ No

FCOI: Please include all Investigators in the list above. "Investigator" is defined in the regulation as "the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of Research or Research Activities." Please note that the System FCOI Policy is applicable to subrecipients for all sponsored research in which an Investigator subcontracts a portion of the research to a covered family member or an entity in which the Investigator or a covered family member has a financial interest.

In compliance with TAMUS policy 15.01.03, the Sponsored Research Services office cannot authorize expenditures on any project unless all investigators involved in the proposed work have a financial conflict of interest disclosure on file with their System Member and the required training has been completed.

SPONSOR NAME: _____

PROJECT TITLE: _____

SPONSOR Contact Name/Email/Phone: _____

START DATE: _____ **END DATE:** _____

TOTAL PROJECT COST: $ _____ **IDC included:** ☐ Yes ☐ No

FUNDING SOURCES: Are you using any other funding sources for this collaboration/project? ☐ Yes ☐ No

If Yes, list all of the other funding source(s) below:

Name/description of source/funds:	Account # (if available)

SOW DEVELOPMENT: *Who developed the SOW?* ☐ Sponsor ☐ PI ☐ Input from Sponsor & PI

MATERIALS: *Will the sponsor be providing materials or equipment for the project?* ☐ YES ☐ NO

SPONSOR FACILITIES: *Will any sponsor facilities be used for the conduct of the project?* ☐ YES ☐ NO

LOCATION:

Are you using non-Texas A&M University System property for your project? ☐ Yes ☐ No

If Yes, please provide the following information:

Name of landowner/company:	
Location:	_____
Name of contact person:	
Email and/or phone #:	
Will there be payment to landowner for use of land? ☐ Yes ☐ No	

DELIVERABLES: *Identify all deliverables to sponsor and their due dates below:*

☐ Interim report(s) – Due at: ☐ 6-month intervals ☐ other – specify: _____

☐ Final summary report – Due at: ☐ 30 days after end of project ☐ other – specify: _____

☐ Other (specify): _____

BACKGROUND: *This section is **optional.** Provide any relevant background information on other projects outside of the specific statement of work or previous projects/collaborations or benefits of the laboratory and its research history related to/relevant for this project (add separate sheets if needed).*

_____

STATEMENT OF WORK: *Include a detailed description of the activities to be done between the start and end dates. Do not include other projects or collaborations. This section should address any large/capital equipment provided by a sponsor for use in a project, number of replications of field trials anticipated, etc. and should only address work that is expected during the start and end dates above; if future work is anticipated that should be clearly identified.*

You may attach the statement of work separately, but the first page of this form must be completed.