



REA Date Stamp

USUHS FORM 3209
APPLICATION for OFF-SITE INDIRECT COSTS
RESEARCH RATE

NOTE: Complete this form ONLY if you are applying for an off-site indirect cost rate

Protocol No.: _____
Principal Investigator: _____
Department: _____ **Phone** _____
Project Title: _____

RESEARCH ACTIVITIES

Research activities are all task components of the research grant including the protocol preparation, data collection, data analysis, and preparation of research results for publication or presentation, and the portions of the USUHS-funded salaries corresponding to the percent effort for those individuals engaged in the project (including anticipated "borrow/loans").

Answer the following based only on this project:

Do you have USUHS office space?* _____ Yes _____ No Room # _____
Do you have non-USUHS office space? _____ Yes _____ No Location _____
 Who pays rent for the space? _____ USUHS _____ Research Project
Do you have USUHS lab space?* _____ Yes _____ No Room # _____
Do you have non-USUHS lab space? _____ Yes _____ No Location _____
 Who pays rent for the space? _____ USUHS _____ Research Project

* USUHS buildings A, B, C, D, 53, 59, and/or space for which USUHS provides rent.

Location(s) for this Project: (list all)

Location	Briefly describe project activities at each location
1.	
2.	
3.	
4.	

Personnel for this Project: (list all; use TBA if not known)

Name	Source(s) of salary	Study location(s) (list all)	% of time worked at each location (total should equal 100%)
1.		a.	
		b.	
		c.	
2.		a.	
		b.	

		c.	
Name	Source(s) of salary	Study location(s) (list all)	% of time worked at each location (total should equal 100%)
3.		a.	
		b.	
		c.	
4.		a.	
		b.	
		c.	
5.		a.	
		b.	
		c.	
6.		a.	
		b.	
		c.	

USUHS ASSURANCE COMMITTEES REQUIRED

- BCD Biohazards, Controlled Substances, and Dangerous Materials Committee
- BIC Biochemical Instrumentation Center
- IRB Institutional Review Board (human subjects)

Where will subjects be seen? _____

- IACUC Institutional Animal Care and Use Committee

Where will the animals be used or housed? _____

- RSC Radiation Safety Committee
- UIS University Information Systems

OTHER USUHS SUPPORT REQUIRED

- Computer support from University Information Systems at USUHS
- Learning Resource Center electronic access

Submitted to REA: _____

(PI Signature)

(Date)

- REA Use Only -

Determination:

____ On-site ____ Off-site _____
 (Initials) (Date)