# Intercampus Application Approval Form

**Lead Campus:** ☐ Cornell Ithaca ☐ Weill Cornell Medicine

## Core Information:

Sponsor:

Proposal Title:

Lead Campus PI:

Partner Campus PI:

## Partner Campus Proposal Details:

| | | | |
|---|---|---|---|
| Initial/Current Budget Period Start: | | Proposed Project Start Date: | |
| Initial/Current Budget Period End: | | Proposed Project End Date: | |
| Direct Costs (Initial/Current Year): | | Total Direct Costs: | |
| IDC (Initial/Current Year): | | Total IDC: | |
| Total: | $ 0 | Total: | $ 0 |

Cost Share Committed? ☐ No ☐ Yes Cost Share Amount:

Human subjects or human materials use? ☐ No ☐ Yes, IRB Approval: ☐ Pending ☐ Approved

Vertebrate Animal use? ☐ No ☐ Yes, IACUC Approval: ☐ Pending ☐ Approved

Human embryonic stem cells use? ☐ No ☐ Yes

Institutional Biosafety Committee approval required? ☐ No ☐ Yes

## Partner Campus Required/Attatched Documents:

☐ Statement of Work (**Required** for all proposals)

☐ Biosketch

☐ Other Support Document/Current & Pending

☐ Other Sponsor Required Forms (list below):

☐ Detailed Budget

☐ SF 424 Budget

☐ Budget Justification

☐ Facilities

☐ Equipment

## Signature of Partner Campus (OSP/OSRA):

Name:

Title:

Signature: Date: