

**CVM ELECTRONIC INTERNAL PROCESSING FORM**  
**(THIS ELECTRONIC FORM MUST BE SUBMITTED TO RESEARCH OFFICE**  
**AT LEAST 5 BUSINESS DAYS PRIOR TO GRANT DUE DATE)**

Title \_\_\_\_\_  
\_\_\_\_\_

Sponsoring Agency \_\_\_\_\_

Please list name, department, and percent effort of all individuals participating on the research project.  
Effort from cooperating departments must be initialed by Department Head.

Principal \_\_\_\_\_ YES/NO  
Invest \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Co-Invest \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Co-Invest \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Co-Invest \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Co-Invest \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Other: Technician, Student, Temporary, etc.

Name \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Name \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

Name \_\_\_\_\_ Dept \_\_\_\_\_ %Effort \_\_\_\_\_ Dept Head Approval

**HAS SALARY BEEN REQUESTED IN BUDGET FOR ALL EFFORT AS OUTLINED ABOVE?**

\_\_\_ YES \_\_\_ NO (If "NO", provide explanation below)

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

**HAVE ALL RELEVANT INCREASES IN LAR PER DIEM CHARGES BEEN  
INCORPORATED IN CURRENT AND FUTURE BUDGET YEARS?**

\_\_\_ YES \_\_\_ NO (If "NO", provide explanation below)

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

**The following MUST be included:**

- 1) Abstract
- 2) Budget/Budget Justification
- 3) If NIH grant - NIH Checklist Form Page (form used for calculating indirect costs)
- 4) If subcontracts are involved, budget/budget justification for each subcontract