

REQUEST TO FAES FOR ADMINISTRATION FOR FELLOWSHIP
(use this form if funds are for other than Fellows)

Date: _____

Donor: _____

Title of Grant or purpose: _____

CRADA? Yes No : If yes, provide a copy of approval page and budget.

Principal Investigator (sponsor):

Name _____

NIH Designation (Inst., Lab/Branch) _____

NIH address _____ NIH Phone No. _____

Date of Grant Initiation _____

Date of Grant Termination _____

Budget

Amount Requested

Personnel (attach resume Name (if known) and Title	Visa Type	Salary	Soc. Sec.	MD Unempl.	Wkms. Comp.	Totals

Equipment: \$ _____

Supplies: \$ _____

Travel: \$ _____

Health Insurance: \$ _____

Other Expenses: (Itemize on separate page) \$ _____

Subtotal: \$ _____

Management Fee (5% of subtotal): \$ _____

Total approved and to be sent by donor: \$ _____

Agreements per licensing, patents or copyrights: Yes No . If yes, include signed copy.

Letter of Intent from Donor: Yes No . If no, Donor must sign below:

Signature of Donor _____ Date _____

I agree to assume responsibility for this grant according to the stipulations of the donor and FAES.

Signature of Principal Investigator _____ Date _____

I approve the above request, including the principal investigator, the donor, the amount, the budget items, the purpose and any relevant agreements included with this application.

Name of ICD DIRECTOR _____

Signature _____ Date _____

FAES agrees to act as agent of the donor for administration of this fellowship.

FAES Executive Officer: _____ Date _____

Mrs. Lois Kochanski

FAES Grants Committee: _____ Date _____

Dr. Edward Kuff, Chairman

_____ Date _____

Dr. Edward Korn

_____ Date _____

Dr. Alan Peterkofsky