

**Routing Form for Non-Sponsored Research Contracts and Agreements** OSP Number:

This form should be used for routing data use agreements, memorandums of understanding, and other non-funded agreements. Please complete this form and submit it to RESEARCH@indstate.edu. The form will be uploaded and routed in Cayuse for approval.

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| **Summary/Purpose** | **Note: This information may be used in agenda materials prepared for the Board of Trustees. It may also be used in connection with a public records request** pursuant to the Indiana Access to Public Records Act, Indiana Code § 5-14-3 and its exemptions. |
| **Type of Agreement** | Select Type of Agreement |
| **Start/End Date** | **MM/DD/YY to MM/DD/YY** |
|  |  |
| **ISU PI Name** | Enter Text | **PI Phone** | Enter Text |
| **ISU PI Email** | Enter Text |
|  |  |
| **Contractor**  | Enter Text |
| **Research Contact** | Enter Text | **Phone** | Enter Text |
| **Legal/Agency Contact** | Enter Text | **Phone** | Enter Text |
| **Contractor Address** | Enter Text |
| **Contractor City/State** | Enter Text |
|  |
| **Compliance Concerns, Assurances, and Protocols** |
|  |  |  |
| [ ]  IRB-Human Subjects | [ ]  IACUC-Vertebrate Animals | **[ ]  Recombinant DNA** |
| [ ]  Radiation | [ ]  Biosafety/Bloodborne | **[ ]  IP or Technology Transfer** |
| [ ]  Controlled Substances | [ ]  Clinical Trials | **[ ]  Health Records/HIPAA** |
| [ ]  Special Handling | [ ]  Export Control | [ ]  **NSF or NIH/PHS** |
| [ ]  Insurance Rider | [ ]  OSHA or Chemical Hygiene | [ ]  Disclosed Conflict of Interest |
| [ ]  Other: **Enter Text** |
| [ ]  Approval letters from appropriate integrity committees identified above are attached. |
|  |
| **Assurances** |
|  |  |
| CITI RCR Training | **The PI acknowledges that he or she, and all associated students, faculty, and/or staff have or will have c**ompleted RCR training prior to acceptance. |
| Non Funding | This agreement will not include a provision for funding. |
| Revenue | Revenue will not be generated as a result of this agreement.  |
| Agreement | The PI has read and approves the nature of the agreement, the scope of service, and appropriate terms/conditions.  |
| Certifications | Signatories certify that the scope of the agreement is appropriate and necessary to the mission of the department, unit, or faculty research.  |
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| **Administrative Notes** |
| RPS Scan Date: **MM/DD/YY** RPS Scan Results: Enter Text Scanned by: **Enter Initials** Debarment/Suspension:Enter TextRisk Level:Enter Text |