

Instructions to complete OSP's General Research Funding form

The purpose of the General Research Funding form is to deposit various funds that are not considered gifts or restricted research. One of the major change with this form was removing industrial affiliates and foundation information. Since industrial affiliates are processed through foundation, that data is now included on the Attachment A form. Departments should submit the general research funding deposits to the Bursar's office, and forward this form with a copy of the deposit ticket to OSP.

Fund Information

Fund Type – Choose if the deposit is intended for a new fund or an already existing fund

Begin and End Date – complete these fields when establishing a new fund. You may also use the end date field to extend an already existing fund

Sponsor / Payment Information

Sponsor Name – Please enter the sponsor name and address

Check Number and Check Date – Please enter this information so OSP can track the payments that were deposited to the Bursar's office

Compliance Data

Select any categories that pertain to the OSP research grant and attach and forward approval letters to OSP

Virginia Tech
GENERAL RESEARCH FUNDING FORM
(Route form and validated deposit ticket to Sponsored Programs)

FUND INFORMATION
THESE FUNDS ARE UNRESTRICTED IN REGARDS TO PUBLICATION AND OWNERSHIP OF ANY INTELLECTUAL PROPERTY THAT MAY BE CREATED

Fund Type: New Deposit to

ROYALTY PAYMENT
 FIELD TRIAL / FIELD STUDY (Agriculture)
 GRANT (no deliverables are required to the sponsor)

Deposits are limited to \$25,000 per deposit. All deposits will be budgeted as supplies.

Beginning Date: _____ End Date: _____

SPONSOR / PAYMENT INFORMATION

Sponsor Name: _____ Amount: _____
Address: _____ Check Number: _____
City: _____ State: _____ Zip Code: _____ Check Date: _____
Date Check Received by Department: _____

DEPARTMENT INFORMATION

Department Fiscal Contact: _____ Phone: _____ E-mail Address: _____
Principal Investigator: _____ Banner ID: _____ Phone: _____ E-mail Address: _____
Address: Department / Center / Mail Code: _____ Department Org Code: _____

PROJECT INFORMATION

Project Title: _____
Please briefly describe the general project area: _____

COMPLIANCE DATA
If any of the following categories are checked, additional clearances or approvals may be required prior to project initiation.

Animal Use Recombinant DNA/RNA Radioactive Materials Hazardous Waste
 Human Subjects Good Lab Practices Hazardous Chemicals Biobehaviors

REQUIRED SIGNATURES
By signing, the below certify that this request is in compliance with the VT Policy 3630: Definition and Deposit of Private Funds.

Authorized User / Investigator: _____ Department Head / Director: _____ Dean / Vice President: _____
Date: _____ Date: _____ Date: _____

Fund Information

Gift Classification – Please properly classify the fund:
Royalty Payment – Payments made to the inventor
Field Trial / Field Study – Used by Agriculture for on-going programs
Grant – General research that doesn't require deliverables to the sponsor

Sponsor / Payment Information

Amount – Total payment that was deposited to the Bursar's office

Date Check Received by Department – The date the department received payment

Department Information

Department Fiscal Contact – The person who completed the form

Principal Investigator – Person in charge of the research grant

Dept Org Code – Department's six-digit organization#

Signatures

Authorized User / Principal Investigator – The department's fiscal manager can now sign for the principal investigator

If you have any question, please contact Mike Cutlip at mcutlip@vt.edu or call 540-231-9379.