

TESTING PROPOSAL FORM

Project Leader(s)

Department

Department Administering _____

Account Number _____

Company sponsoring the Testing Proposal
Address

Company Contact Name _____

Contact Phone: _____

TOTAL Requested Amount: (Including Administrative Fee) _____

Period of Performance: From _____ To _____

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- Are there faculty salaries included in the budget? Yes ___ No ___
 - Do you have rate sheets on file at DER? DATE APPROVED: _____ Yes ___ No ___
 - Do you or your immediate family have any financial or equity interest in this company? Yes ___ No ___
 - Will human subjects or animals, or their blood/materials/fluids be used in this project? Yes ___ No ___
 - Do you anticipate intellectual property to result from this project? Yes ___ No ___
 - Are the funds from the company Federal in origin?
(i.e. subcontract via an SBIR, match funds to a federal grant, etc.)? Yes ___ No ___
 - Are the materials or products subject to Access Control?
(i.e. export control, foreign national restrictions, etc.)? Yes ___ No ___
 - Is the company requiring a signed Purchase Order? Yes ___ No ___

Project Leader Signature

Date

Chairperson Signature

Date

Leo Kempel, Associate Dean
Research and Graduate Studies

Date

This form must be completed prior to submission of a testing proposal to a company.