

# COLLEGE RESOURCE NEEDS FORM

(Complete this form for all extramural research proposals)

Date:

Principal Investigator:

Department:

Agency:

Amount Requested:

---

*Will the proposed project require any of the following additional College or Departmental resources? If so, check the box and describe.*

Yes No

**Cost share or matching funds** {Cost share is the percent of EFT in salary and fringe benefits that you commit to the project but that is not paid by the grant. You should never volunteer EFT, but if you must, always minimize your percent EFT on a project for which you are not compensated.}

Required?

How much (% total EFT)?

Where from?

**More staff:** How many? What type? When?

**More space:** How much? Where?

**Special facilities:** What kind?

**Animals used:** AUP submitted? Special needs resolved?

**Federal Compliance:** GLP? GCP? cGMP?

Has UGA Quality Assurance Office been informed?

\* Department Head please note: If more staff or space is needed, please indicate how the need will be addressed. Use the back of this page for an explanation of responses where indicated.

APPROVED: \_\_\_\_\_

Department Head

\_\_\_\_\_

Associate Dean for Research