**Contract Submission Cover Sheet** 

Please submit your contract along with this form to UAHS at [UAHSContracts@email.arizona.edu](mailto:UAHSContracts@email.arizona.edu). **Please send any contracts in Microsoft Word format**, and confirm that all exhibits and attachments described in the contract are included.

Date:

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| **1. PI and Department Information**  Principal Investigator Name:       Email:       Phone:  Administrative Contact Name:       Email:       Phone:  Department:       School/College: Center/Institute (optional): |
| **2. Sponsor / Outside Party Information**  Entity Name:  Entity Contact Name:       Email:       Phone:  Contract Type:  Specific deadline (if any):  Entity provided draft or template agreement? Y / N  If YES, please provide as an attachment to the email. |
| **3. Project Information**  Title:  Brief description of project (if more than one paragraph, attach separately as a Statement of Work): |
| 1. Please specify if this is an **Amendment**, a **Master Agreement**, Project taking place **under a** **Master Agreement** or an **Incoming Sub-Award**. (Circle the one that may apply)   If this is an **Amendment**, please provide the account number of the main agreement or award: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. Funding Information (for all funded contracts)**  Funding Source/Type:  Has a proposal been submitted to SPS:  Yes  No If yes, enter the proposal Document No.:  Estimated Project Budget:  Indirect Rate Included in Budget:  Will this project be done as an FSO-approved recharge/service center activity?  Yes  No (If yes, please attach FSO rate study approval letter) |
| **5. Additional Information for MTA, DUA, CDA, Equipment Loan**  **MTA**  Account number for source of funds for the project in which the material will be used:  Will any materials be used on this project that were received under another agreement?  Yes  No  **DUA**  Will the investigator be receiving the data or disclosing the data? \_\_\_\_\_\_\_\_\_\_\_\_  Will the data contain personal health information; be a part of a limited data set; or be de-identified data? Y / N  Is IRB review required for use of this data? Y / N  **CDA**  Will the investigator be providing or disclosing confidential information to an outside party? Y / N  **Equipment Loan**  Where will the equipment be located? (Please indicate the actual room/bldg. number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the approximate fair market value of the equipment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Comments** (include any relevant background information, especially on prior contract discussions with sponsor) |