WAYNE STATE UNIVERSITY

SPONSORED PROGRAM ADMINISTRATION

Contract Checklist

Date: _____

PI: _____

Sponsor: _____

Grant/Contract/Protocol Number: _____

Attached please find:

☐ New   ☐ Amendment   ☐ Other Type of Contract

    If new, provide eProp #: _____

    If amendment, provide account #: _____

    If other, list type (CDA, etc.): _____

☐ Agreement

☐ Affirmation Memo completed by the PI

☐ Statement of Work

☐ IRB (If recently approved and available)

☐ Sponsor Contact Information (or cover letter):

    _____

    _____

    _____

    _____

☐ Other (Please Describe):

    _____

    _____

    _____

    _____