



## **Intercampus Application Approval Form**

Lead	Campus: Cornell Ithaca		Weill Cornell Medicine				
Core	Information:						
	Sponsor:						
	Proposal Title:						
	Lead Campus PI	:					
	Partner Campus	s PI:					
Partn	er Campus Pro	posal Details:					
	Initial/Current E	Budget Period Start:		Proposed Project Start D	ate:		
	Initial/Current Budget Period End:			Proposed Project End D	ate:		
	Direct Costs (I	nitial/Current Year):		Total Direct Co	sts:		
	IDC (Initial/Current Year):			Total IDC:			
		Total:		To	otal:		
•	Cost Share Committed? No Yes Cost Share Amount:  Human subjects or human materials use? No Yes, IRB Approval: Pending Approved  Vertebrate Animal use? No Yes, IACUC Approval: Pending Approved						
	Human embryo	onic stem cells use?	No Y	es			
	Institutional Bio	safety Committee ap	proval required	d? No Yes			
Partn	er Campus Req	uired/Attached Dod	cuments:				
	Statement o	of Work ( <b>Required</b> for a	ıll proposals)	Detailed Budget		Facilities	
	Biosketch			SF 424 Budget		Equipment	
	Other Suppo	ort Document/Current &	& Pending	Budget Justification			
	Other Sponsor Required Forms (list below):						
Signa	ture of Partner	r Campus (OSP/OSF	٥٨١٠				
	Name:	Campus (OSF/OSF	vej.				
	Title:						
	Signature:		Date:				