

PI: \_\_\_\_\_ PI ID: \_\_\_\_\_ Funding Agency: \_\_\_\_\_  
 Dept Admin: \_\_\_\_\_ ePAWS#: \_\_\_\_\_ Funding Agency Award#: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Banner G#: G0000 \_\_\_\_\_ Prime Funding Agency: \_\_\_\_\_  
 Org Code: \_\_\_\_\_ Fund# \_\_\_\_\_ **Total Project Award Period:** Start: \_\_\_\_\_ End: \_\_\_\_\_

Fields outlined in red are required. Guidance on this form, including when a chair signature is required, is on the how-to guide. Contract intake information (page 2) does not require any signatures.

Submit completed form to NU-RES@northeastern.edu. *All required documentation* must be attached.  
**If funding agency approval is required, please include a draft letter, addressed to the funding agency contact, in a Word file.**

**Advance Account**
 Funding Agency Allowability: \_\_\_\_\_ New Fund # Required \_\_\_\_\_
 
 NU-RES Use Only: \_\_\_\_\_ AIR Account \_\_\_\_\_

Effective Date for Pre-Award Charges: \_\_\_\_\_

	<b>Dept Account #</b>	<b>Cost-Share Account #</b>
<b>Not To Exceed Amount: \$</b>	Attach: 1) written confirmation of the intent to fund the project; 2) budget matching the <i>not to exceed</i> amount; 3) Copies of applicable approvals (i.e. IRB/IACUC/IBC).	

**Carryover** Attach: 1) explanation for the the unobligated balance; 2) revised budget and justification matching the carryover amount.

**Rebudget** New fund # Required \_\_\_\_\_ Rebudget is part of a project scope change \_\_\_\_\_  
 Attach: 1) revised budget (based on available funds; 2) if applicable, documentation of the change in project scope.

**No Cost Extension** Current End Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_  
 If there are changes in effort for key personnel or other compliance approvals, during the NCE period: provide details of the changes below.

**Change in PI or Org/Dept** Changing the: \_\_\_\_\_ *For PI Change: indicate the PI name, PI ID and Org Number. For Org change: indicate the Org/Dept Number.*  
 Changing FROM: \_\_\_\_\_ Changing TO: \_\_\_\_\_

**Other Action** Please summarize the action / request here: \_\_\_\_\_

**This Action Impacts the Following Approvals**
N/A or None
List subaward(s) impacted by this request:

fCOI	IRB/HSDF	IACUC	IBC	DURC	SCRO	sUAS
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Comments/Notes:

PI Signature: \_\_\_\_\_ GO Signature: \_\_\_\_\_  
 Chair Signature: \_\_\_\_\_ NU-RES RA Director Signature: \_\_\_\_\_

**ACTIONS NOT REQUIRING A SIGNATURE** : This form may be used as a coversheet to route the following actions to ensure timely review.

**JIT / Post Proposal Submission** Attach: 1) funding agency request; 2) documentation to be submitted to the funding agency.

**Report Review & Submission** Attach: 1) documentation for submission and/or confirm access in funding agency's portal.

\*Please route RPPRs through ePAWs and see the how-to guide for more information.

## Transaction Form: Intake for contracts, agreements or other transactions requiring negotiation/review and signature.

Other Party:

Other Party Contact (name, email):

Other Party Reference #:

If this is a funded agreement and the funds are not originating directly from the other party, name the originating source of funds:

Is NU receiving a draft agreement ?

*No signatures are required for routing contracts.*

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**Sponsored Research Agreement (SRA): New or Modification** \*ePAWS record required, please provide the number.

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**Subaward/Consortium being issued to NU: New or Amendment** \*ePAWS record required, please provide the number.

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**Confidentiality/Non-use/Non-disclosure (CDA/NDA)** Answer the following questions:

- 1) NU is:
- 2) The purpose of the exchange is to:
- 3) Describe the scope / field of the information being disclosed below.

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**Data Use Agreement (DUA)** Answer the following questions:

- 1) NU is:
- 2) The data contains:
- 3) Does the Consent Form used to collect the data permit its disclosure or has it been authorized by the relevant IRB(s)?      Yes      No
- 4) If other party is sharing data with NU, are they a "Covered Entity" as defined by HIPAA?      Yes      No
- 5) If coming from the other party, is the data derived from an externally funded sponsored research project?      Yes      No  
If yes, please provide the funding agency name and award number below.
- 6) Describe the data being exchanged.
- 7) What the purpose of the data exchange?

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**Material Transfer Agreement (MTA)** Answer the following questions:

- 1) NU is:
- 2) Provide a description of the material to be transferred.
- 3) Is the material a chemical or biological material (e.g. human cell line, murine cell line, bacteria, plasmid, vector, etc.)?
- 4) Does this material contain rDNA or DNA?      Yes      No
- 5) Attach any applicable approvals (i.e. IACUC, IBC, etc.)

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**Other Agreement** Please summarize the request here:

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Comments/Notes (Indicate any timing factors, including due dates below):

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*Please note that service agreements should be routed through the college gatekeeper to the Office of General Counsel.  
For any questions on this form, please see the Incoming Contract SOP or Transaction Form How to Guide.*