



**Attachment 2  
INVESTIGATOR PROJECT/CONTRACT  
FORM**

FUNDING AGENCY \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

OSR PI/PROJECT COORDINATOR

*(name, position, Research Unit, date of birth, place of birth and, email address)*

OSR PROJECT TEAM MEMBERS

*(name, position, date of birth, place of birth and email address)*

ROLE OF OSR

Coordinator

Sub-recipient

In case OSR is the Coordinator of the project, please provide the list of all the sub-recipient organizations:

Name of the sub-recipient organizations	sub-PI (name, date of birth, place of birth and email address)

In case OSR is a sub-recipient, please provide the following information regarding the Coordinator of the project:

Name of the Coordinator	Contact

NOTIFICATION DATE \_\_\_\_\_

EARLIEST START DATE \_\_\_\_\_

TOTAL BUDGET REQUESTED \_\_\_\_\_

DURATION OF THE PROJECT \_\_\_\_\_

PROJECT INVOLVING RECOMBINANT  
OR SYNTHETIC NUCLEIC ACID MOLECULES  YES  NO  
*(including Human Gene Transfer Research)*

PROJECT INVOLVING HUMAN SUBJECT  
OR HUMAN SAMPLES  YES  NO

PROJECT INVOLVING ANIMALS  
OR ANIMAL SAMPLES  YES  NO

IACUC N°: \_\_\_\_\_

ABSTRACT of the PROJECT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_