**Attachment B – IRB Federal Funding Identification Form**

# **I. Principal Investigator/Project Director**

**Name**: Click or tap here to enter text. **Applicant Status**: Choose an item.

**Person ID Number**: Click or tap here to enter text. **Email**: Click or tap here to enter text.

**Department/Office**: Click or tap here to enter text.

**Date Form Completed**: Click or tap to enter a date.

# **II. Form Notes**

* **Data Sharing**: This form will be shared with the Office of Research & Sponsored Programs, along with any applicable Institutional Review Board (IRB) letter(s), to assist you in obtaining the appropriate documentation for your federal grant application, contract, award and/or just-in-time requests.
* **Federal Source of Funding**: This document requests that you list the federal source of funding, NOT the source through which it will pass, or the entity that will be serving as the project lead (if applicable).

# **III. Project Information**

1. **Project Title** (250 character maximum):

Click or tap here to enter text.

1. **Project Period** (for the grant):
   1. **Start Date:** Click or tap to enter a date.
   2. **End Date:** Click or tap to enter a date.
2. **IRB Compliance ID**: Click or tap here to enter text.
3. **Is this project already federally funded or related to a federal grant that has been/will be submitted?** No Yes
4. To which federal agency has it been, or will it be submitted? Click or tap here to enter text.
5. **Is this agency under** [**Public Health Service (PHS)**](https://www.usphs.gov/about-us) **(e.g., NIH, NOAA)?** No Yes
   1. If ‘Yes,’ your protocol will be subject to an IRB congruency check upon notice of probable funding. Please contact the Office of Research & Sponsored Programs for assistance with this process at [grants@uwlax.edu](mailto:grants@uwlax.edu).
6. **Is this agency under the National Science Foundation (NSF)?** No Yes
   1. If ‘Yes,’ your protocol will be subject to an IRB congruency check upon notice of probable funding. Please contact the Office of Research & Sponsored Programs for assistance with this process at [grants@uwlax.edu](mailto:grants@uwlax.edu).
7. **Grant Compliance ID #:** Click or tap here to enter text.

# **IV. Project Members**

List any individuals who will be listed on your grant transmittal form.

**A. Co-PIs / Co-PDs**

List name and ID or UWL Department/Office/Non-UWL affiliation.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Other Co-PIs / Co-PDs List name and Student ID or UWL Department/Office/Affiliation.

Click or tap here to enter text.

**B. Personnel**

List name and ID or UWL Department/Office/Non-UWL affiliation

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Other Co-PIs / Co-PDs List name and Student ID or UWL Department/Office/Affiliation.

Click or tap here to enter text.

# **V. SIGNATURE**

By typing my name below, I agree that I have notified my university’s Institutional Review Board to the best of my knowledge and ability about my intended or successfully federally funded, or related to a federally funded, human subjects research.

Name: Click or tap here to enter text. Date: Click or tap to enter a date.