Attachment B – IRB Federal Funding Identification Form

Date: Click or tap to enter a date.

**Principal Investigator / Project Director**

Name: Click or tap here to enter text.

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.

**Project Information**

Project Title (250 character maximum): 

Project Period (for the grant, not the IRB proposal)

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Compliance ID #, if known: Click or tap here to enter text.

To which federal agency has it been or will it be submitted?\* Click or tap here to enter text.

\*Please identify the federal source of the funding, not the source through which it will pass or the entity that will the serving as the project lead.

Is this agency [under PHS (Public Health Service](https://www.usphs.gov/aboutus/agencies/hhs.aspx)), such as NIH? [ ] No [ ]  Yes\*

\*If yes, or if you are submitting/have submitted your project to the National Science Foundation (NSF), your protocol will be subject to an IRB congruency check upon notice of probable funding. Please contact ORSP for assistance.

**Co-PIs / Co-PDs from UWL** (individuals who will be listed on your grant transmittal form)



Note: this form will be shared with ORSP, along with your other IRB letter, to assist you in obtaining the appropriate documentation for your federal grant application, contract, award, or just-in-time requests.