



# PROJECT AGREEMENT

## SPONSORED PROJECTS

New  
Update

Fund # \_\_\_\_\_ Project # \_\_\_\_\_ Department# \_\_\_\_\_

Project Name: \_\_\_\_\_ Dept Name: \_\_\_\_\_ College Name: \_\_\_\_\_  
30 characters

PI/PD: \_\_\_\_\_ [ ] New PI/PD Request CFS Access

CO-PI/PD: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Award Amount: \_\_\_\_\_ Award #: \_\_\_\_\_

Budget Period: \_\_\_\_\_ Project Period: \_\_\_\_\_

Funding Source: [ ] Federal [ ] State [ ] Local [ ] Non-Governmental  
 [ ] Federal Pass Thru From: \_\_\_\_\_ Federal Pass Thru Prime# \_\_\_\_\_

CFDA #: \_\_\_\_\_ (For Federal/Federal pass through Awards)

SEFA Category: [ ] Academic Support - 0400 Institutional Support - 0600 Instruction/Training - 0100 Public Services - 0300  
 Student Srvc/Outreach - 0500 R&D Applied - 0200 R&D Basic - 0200 R&D Development - 0200

HERD Code: \_\_\_\_\_ Payment Method: Advance Invoicing Draw  
 Award Type: Continuation New  
 Fully Funded Supplemental

IDC Rate:  %

*The Principal Investigator/Project Director (PI/PD) is the primary authorized signer for this project. The PI/PD assures that all funds expended on this project will be for the purposes described herein. CSUSM Corp agrees to monitor the activity on this project to assure compliance with the University and awarding agency guidelines. The PI/PD is responsible for the signature authority agreement as included on this form below. This agreement must be updated each time there is a change in signature authority. The PI/PD will be responsible for expenditures made by the designated signatories. The PI/PD certifies that expenditures are in compliance with the educational mission of the University, the policies and procedures of CSUSM Corp, and the restrictions imposed by the awarding agency. The PI/PD acknowledges that University service costs (phone, mail, duplication, etc.) that are incurred by the project will be billed to CSUSM Corp and charged directly to the project according to the billed amounts. The PI/PD will notify CSUSM Corp immediately of any questionable charges that may appear on their monthly project financial reports. PI/PD authorizes report access to the appropriate dean or designee(s).*

*The PI/PD agrees to comply with any and all CSUSM Corp policies, procedures, training requirements, and/or directives (as amended from time to time) as they apply to the project covered by this agreement. Applicable CSUSM Corp policies, procedures and forms are posted on our website at [www.csusm.edu/corp](http://www.csusm.edu/corp).*

*I have read this agreement and agree to the conditions and terms herein.*

Type or Print Name	Principal Investigator/ Project Director's Signature	Date
<b>Additional Project Administrator (s) with Fiscal Authority.</b>		
Type or Print Name	Signature	Date
Type or Print Name	Signature	Date
Type or Print Name	Signature	Date

Prepared By: \_\_\_\_\_  
 CSUSM Corp Sponsored Projects Analyst Date

Approved By: \_\_\_\_\_  
 CSUSM Corp Director, Sponsored Projects Date