

**The University of Oklahoma
Health Sciences Center
Application to Establish a Chartfield Attribute Value**

1) General Information

College: _____ Dept./Center Name: _____
 OU Contact Name: _____ Phone: _____
 OU Contact e-Mail Address: _____
 Manager / Sponsor (Responsible Party) _____

2) New Org (Example AAA000): _____ Effective Date: _____

1. Name/Description (30 Chars): _____
 2. Justification for New Org: _____

3) New Project/Grant

a) Optional (Cannot begin with SU, AX, EC, or C#): _____ Effective Date: _____

1. Name/Description (30 Chars): _____
 2. Justification for New Project/Grant: _____
 3. Budget Type: Track Control None

b) SU, AX, or EC (to be assigned by Financial Services): _____ Effective Date: _____

1. Name/Description (30 Chars): _____
 2. Justification for New Project/Grant: _____
 3. Financial Org if SU or AX Project/Grant: _____

*Use this form for sponsored programs (SPNSR fund) **only** if establishing prior to receipt of award.
EXCEPTION: Clinical Trials must use this form to establish start-up budget.*

c) New SPNSR Project/Grant (MUST begin with C#): _____ Effective Date: _____

1. Name/Description (30 Chars): _____ End Date _____
 2. Purpose: Pending New Pending Renewal Pending Extension Clinical Trial*
 *Optional For Clinical Trials, check/complete one:
 Float \$ _____ One-Time \$ _____ Total Award \$ _____

3. Complete the following to establish the budget:
 NOTE: All new Project/Grant budgets will be established as SALARY unless a separate breakdown is included or attached.

| Fund | Org | Program | Project/Grant | Budget Total |
|-------|-----|---------|---------------|--------------|
| SPNSR | S | _____ | _____ | \$ _____ |

4. Check each proposed Budget Lines: Salary Fringe Supply Other Travel
 Publications Equipment Consulting Contractual _____

5. The following **MUST BE COMPLETED** or the chartfield spread will not be established in PeopleSoft. **READ CAREFULLY.**
 For this SPNSR Fund Project/Grant, I authorize all negative cash balances and unallowable costs to be automatically covered from Fund _____ Org _____ Program _____ Project/Grant _____ when the project has ended or there has been no indication of commitment made by the external sponsor by the end of 90 days. (Cannot use SPNSR to cover.)

Signature: _____
Sponsor/PI

4) New Subclass

| | | |
|-----------------|--------------------|-----------------------|
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |
| Subclass: _____ | Description: _____ | Effective Date: _____ |

5) Signatures:

| | | |
|------------------------|-------------------------|---|
| Departmental Approval: | Dean's Office Approval: | Financial Services OR Grants and Contracts Approval: |
| _____ | _____ | _____ |