**COLUMBIA UNIVERSITY**

**MAILMAN SCHOOL OF PUBLIC HEALTH**

**OFFICE OF SPONSORED PROJECTS ADMINISTRATION**

**Review & Return**

**Date Sent:**

**Columbia P.I.:**

**From:**

**Re:**

**RASCAL #:**

**Please review the attached and sign below to confirm your acceptance of the terms.**

**Remarks:**

**Approved and accepted by**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator** **Date**

**Please provide us with the following information/documents as well:**

|  |  |
| --- | --- |
| **Items** | **Applicable** |
| **RASCAL** |  |
| **Budget breakdown** |  |
| **Project team** |  |
| **IRB/IACUC approval** |  |
| **SOW** |  |
| **Other:** |  |