



Direct Project Request

Applicant Information

Date: _____

Organization name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of primary contact: _____ Title: _____

Email: _____ Phone: _____

Entity type: _____ Federal ID#: _____

(Type of legal entity & domicile. E.g. non-profit organization incorporated in the State of Hawaii)

Nature of Business Activity: _____

(E.g. astronomical research, training activities)

1. The purpose of RCUH includes, but is not limited to, the promotion of all educational, scientific, and literary pursuits. Please explain how any of the below, or all, apply to the project(s) requesting RCUH services and also how these project(s) serve a public purpose/benefit the State of Hawaii:

- Encourages, initiates, aids, develops, and conducts training, research, and study in the physical, biological, social sciences, humanities, and all other branches of learning;
- Encourages and aids in the education and training of persons for the conduct of training, investigations, research, and study;
- Furnishes the means, methods, and agencies by which the training, investigation, research, and study may be conducted;
- Assists in the dissemination of knowledge by establishing, aiding and maintaining professorships or other staff positions, fellowships, scholarships, publications, and lectures;
- Engages in other means of making the benefits of training, investigations, research and study available to the public;

- Takes any and all other actions reasonably designed to promote these purposes in the interest of promoting the general welfare of the people of the State.

2. Explain why RCUH administrative service is needed:

3. The following minimum insurance coverage is required in the Master Agreement with RCUH. In addition, RCUH must be named as an additional insured, if the project is accepted:

Commercial General Liability Insurance

Each occurrence limit	\$1,000,000
General aggregate limit	\$2,000,000

Automobile Liability Insurance (owned/hired/non-owned)

Bodily injury (each person/accident)	\$1,000,000
Property damage (each accident)	\$1,000,000

Umbrella/Excess Liability

Each occurrence limit	\$5,000,000
General aggregate limit	\$5,000,000

Workers' Compensation and Employers' Liability Insurance (applicable if Client has employees other than RCUH employees)

Workers' Compensation	Hawaii Statutory Limits
Employers' Liability	\$1,000,000

4. Attach the entity's latest audited financial statements (must be within the last 2 years).

5. Provide one (1) bank and two (2) business references:

	Bank	Reference #1	Reference #2
Name	_____	_____	_____
Title	_____	_____	_____
Company	_____	_____	_____
Email	_____	_____	_____
Phone	_____	_____	_____

6. Proposed Project Task Order(s) – Exhibit A attached.

Direct Projects accepted by RCUH must comply with RCUH policies and procedures. Please refer to www.RCUH.com

Certification

I certify that I am an authorized officer of the organization named above, and that the information provided on this request is true and correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

*****RCUH USE ONLY*****

Direct Project request has been reviewed and recommended as follows:

	Initials	Date	Comments
Director of HR	Approve/Disapprove _____	_____	_____
Director of Finance	Approve/Disapprove _____	_____	_____

Approve/Disapprove Direct Project request:

Executive Director Date

EXHIBIT A

Task Order No. _____
RCUH Project No. _____

PROJECT TASK ORDER FORM

_____ (Client)/
THE RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII (RCUH)

In accordance with the terms and conditions of the Master Agreement between Client and RCUH, Client hereby requests that RCUH establish a direct project account and provide administrative services for the following:

Project Title: _____
Principal Investigator: _____
Email: _____ Phone: _____
Project Period: _____
Amount of Task Order: _____

Brief description of project:

Project scope of work and deliverables:

Source of funding. Please list the agency/sponsor and attach a copy of sponsored agreement, if applicable.

	<u>Agency/Sponsor</u>	<u>Amount</u>
Federal agency	_____	\$ _____
State agency	_____	\$ _____
Other	_____	\$ _____

Does your project have cost share or matching requirements? Yes ___ No ___. If yes, please provide details:

Will this project involve any of the following? Check all that apply and explain:

___ Construction	_____
___ Exporting of Tech Equip/Data	_____
___ Firearms	_____
___ Foreign Operations	_____
___ Hazardous Materials	_____
___ Helicopter/Aircrafts	_____
___ HIPAA (Protected Health Info)	_____
___ Human Subjects	_____
___ Live Animals	_____
___ Marine/Diving Activities	_____
___ Subcontracts	_____

Budget:

Salaries	_____	*
Fringe	_____	
Supplies	_____	
Travel	_____	
Equipment	_____	
Other	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Direct Costs	_____	
RCUH Indirect Costs (___ %)	_____	
Total	_____	

Indirect costs rate is subject to change with a 60-day notice from RCUH

*Personnel requirements/brief job description:

<u>Position</u>	<u>Description</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this project have existing employees? Yes ___ No ___. If yes, is the intent for them to become RCUH employees? Yes ___ No ___.

Note: RCUH reserves the right to evaluate incumbent employees and determine appropriateness of conversion to RCUH.

Is there intellectual property associated with your project(s)? Yes ___ No ___. If yes, who is the owner of the intellectual property?

An advance of \$_____ (equivalent to 2 months of estimated expenditures) will be provided to RCUH upon execution of this task order and receipt of the RCUH invoice. Payment of each subsequent monthly invoice is due within 30 days of receipt of invoice.

Email RCUH invoices to:

Name: _____

Email address: _____

Requested by: _____
Name: _____
Title: _____
Date: _____

Reviewed and approved by: _____
Name: _____
Its: Financial Officer
Date: _____

Name: _____
Its: President/Executive Director
Date: _____

Research Corporation of the University of Hawaii

Accepted by: _____
Name: Leonard R. Gouveia, Jr.
Its: Executive Director
Date: _____