## Secondary Award Line (SAL) Form

An updated Secondary Award Line (SAL) Form has been posted to OSPA's website. The form and instructions can be found at: <a href="https://www.ospa.iastate.edu/forms">https://www.ospa.iastate.edu/forms</a>. The SAL form can be found under the Award

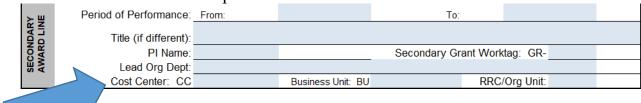
Documents section.

## **Award Documents**

Advanced Grant Worktag Request Form [rev Aug 2019]	(MS-Excel File)
Multiple Secondary Award Line (SAL) Reconciliation Form [rev Sep 2019]	(MS-Excel File)
NIH RPPR certification [rev Jun 2018]	(Email Form)
No-Cost Extension Request [rev Aug 2019]	(Web Form)
NSF Salary Rebudget Request Form [rev Aug 2019]	(MS-Excel File)
Rebudget Request Form [rev Sep 2019]	(MS-Excel File)
Secondary Award Line Form [rev Feb 2020]	(MS-Excel File)
Subrecipient Request Form [rev Jul 2019]	(PDF, 2 pages)

The form has been updated and we ask that you now also enter the Cost Center (CCXXXX) and Business Unit (BUXX) in the Secondary Award Line section.

The section that has been updated is as follows:



Please begin using this updated SAL form immediately. The previous version of this form will no longer be accepted.

## IOWA STATE UNIVERSITY SECONDARY AWARD LINE FORM (CHILD ACCOUNT BUDGET FORM)

1. AWARD INFORMATION				
ш				
ARY	PI Signature:		GoldSheet Number:	
PRIMARY AWARD LINE	Sponsor:			
_ ₹	Title of Project:			
≿≝	Period of Performance: From:		То:	
SECONDARY AWARD LINE	Title (if different):			
CON	PI Name:		Secondary Grant Worktag: GR-	
SE	Lead Org Dept: Cost Center: CC	Business Unit: B	U RRC/Org Unit:	
			VESTIGATOR CERTIFICATIONS	
* I agree to be bound by the terms and conditions of the outside grant or contract which supports this activity, and, in consideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright and patent rights to the Iowa State University Research Foundation, Inc. in accordance with the terms and conditions stated in the Faculty Handbook.  * I certify that I have not been debarred, suspended, or declared ineligible to receive agency funds.				
		Ü	<b>5</b> ,	
Conflict of Interest and Commitment (COIC): Real or perceived conflicts of interest may exist in a project when an investigator or a member of his or her family has: a management role in, financial interest in, or a paid consulting agreement with the sponsor or paid consulting agreements with other entities on topics related to the project. By signing this form, all investigators certify that they have read and understand ISU's Conflict of Interest and Commitment Policy [http://www.provost.iastate.edu/help/coic] and made all disclosures required by it. For further information, call 4-7793.  Is there a potential for Conflict of Interest?  O Yes  No  If yes, are disclosure procedures being implemented?  Yes  No				
	Signature of:		Date	
Signature of: 3. SECONDARY AWARD LINE BUDGET TO BE ENTERED		4. SECONDARY AWARD LINE COMPLIANCES		
	y/Wages	\$	Will vertebrate animals be used in this project?	
	oll Benefits	\$	O Yes O No	
Equip		\$	If yes, provide IACUC Log #:	
Trave	el - Domestic	\$	2. Are the following safety or health hazards involved?	
Trave	el - Foreign	\$	a. Recombinant DNA, Human, or Animal Pathogens O Yes O No	
Student Tuition		\$	b. Radiological Materials	
Suppl	lies/Materials	\$	O Yes O No	
			If yes to either, provide IBC Log #:	
	Subcontracts		3. Will human subjects be used in this project?	
Subco	ontracts - Burdenable	\$	Yes O No	
Subc	ontracts - Nonburdenable	\$	If yes, provide IRB Log #:	
Other Direct Costs		5. SECONDARY AWARD LINE AUTHORIZATIONS		
Comp	outer Usage	\$	This form has been received and is judged to be consistent with the objectives and capabilities of the unit receiving the funding and	
Printing/Copying		\$	represented by the signatures below. The proposed effort is considered compatible with other University duties of the Investigator(s) and	
Honoraria Services		\$	consistent with University policies.	
Posta	ige	\$	Authorization on behalf of:	
Other	Direct Costs	\$	Printed Name of Authorizer:	
Partic	sipant Support Costs	\$	Signature & Date:	
	TOTAL DIRECT COSTS	\$	Authorization on behalf of:	
Indire	ct Costs Rate:	\$	Printed Name of Authorizer:	
	1,615.		Signature & Date:	
	TOTAL ALL COSTS	\$		