

COLLABORATION SUBMISSION FORM

The CSURC provides faculty the ability to conduct technical service activities or use of CSU facilities and equipment for industry collaborators. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities as provided in the CSU Conflict of Interest <u>Policy</u>.

To facilitate the administration of a proposed paid project to be performed by faculty with an outside entity, the following information is required to evaluate the project.

Faculty Information						
Name		Department	rtment			
Phone		Email Address				
Project Information						
1. Name, address, email, and phone of Firm/Agency requesting technical services or facilities and equipment use:						
2. Brief description of the work to be performed:						
3. Will faculty or students be paid from this project: Yes: No:						
If Yes, please list names of individuals:						
4. Will the project involve the use of hazardous materials? Yes: No:						
5. Does this collaboration create potential conflicts of interest? Yes: No:						
If Yes, please describe and explain how they will be managed:						
Schedule and Rates						
Dates of Use	Description of Facilities/Equipment	Hourly Rate	Hours	Daily Rate	Estimated Total	
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Approval of the persons listed below is required:						
Approval of the persons listed below is required:						
Approval by:		Submitted by:				
Department Char	ir Date	Faculty Nam	ne .		¬	
L Dean	Date	Signature			 Date	
Down		Digitutite				