

Agricultural Research Information System  
Plan and Authorization  
To Fund Extramural Research

Mode Code

Location / Management Unit Name

Agreement NO

Name of ADODR:

Telephone No:

Type of Agreement Requested:

Starting Date    Ending Date:

Type of Request:

Accounting Code:

Project Number:

Accession NO:

Title of Agreement:

Extramural Performing Organization:

Title of Related Inhouse:

Project Number:

Reason Research cannot be done by ARS Scientist:

Name and Title of Principal Investigator Conducting  
the Extramural Research:

Location where Extramural  
Research will be conducted:

Statement of work to be performed and report / publication requested by ARS:

Frequency of Report:

First Report due date:

Final Report due date:

Do you or any full-time resident of your household have any activity or financial interests  
(dealings) with the Cooperating Organization?

If Yes, enter brief explanation:

Area Ethics Officer Only:

Confirmation and determination of 'dealings' question responded by SY.

If Dealings, brief Explanation.

Agricultural Research Information System  
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Budget Page

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Project Number:

Mode Code:

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ADODR:

Agreement Number:

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Funding Project

Accession

425 Log

Amount

FY

SBG Fee

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