

4. If this is seed money for a larger proposal, describe.
5. Estimated date of completion of this project.
6. If human subjects, warm-blooded animals, human blood, or recombinant DNA are to be used, please indicate if the appropriate institutional committee has approved the proposal. Or will this be accomplished later?

Amount Requested \$ _____

Applicant's Signature _____ Date _____

Application should be submitted to:

Emeriti College
University of Southern California
3715 McClintock Ave., 220
Los Angeles, CA 90089-0191
Phone (213) 740-8841
Fax (213) 740-7120

Emeriti College Research Grant Awards
Designation of Payment Method

- 1.) University check made payable to an individual reported as 1099 income and subject to individual income tax regulations. Please complete:
 - a. Attached IRS-W-9 form
 - b. Attached USC Independent Contractor Agreement for one-time service

- 2.) Reimbursement for expenses not reported as income. Please submit a single request for reimbursement and provide ORIGINAL RECEIPTS (these expenses must be verifiable business or travel expenses; NO third party payments will be reimbursed).

- 3.) Internal transfer of payment for the Emeriti Center College to another USC unit or department. Department name: _____
Department financial Officer must contact the Emeriti Center College to process transfer of funds.

- 4.) University Employee – any person who has received payment as a university employee within the current calendar year or meets the classification of an employee after applying the IRS common law factors must be paid through payroll services. All payments for services by an employee, including award, must be processed through Payroll Services. See your Home Department Coordinator, or payroll services website: <http://ais-ss.usc.edu/empdoc/>.

For office use only

Amount Granted \$ _____ Date Granted _____

Date Declined _____

Date of Decision Communicated to Applicant _____

ECC Committee Signature _____

At completion of Grant Covered Expenses: Grants are awarded to reimburse research expenses. Payment will be made to the successful applicant upon appropriate receipts from the project that is covered by the amount granted.

Date of Reimbursement Request (receipts attached) _____

ECC Authorizing Signature _____ Date _____

Date Payment Sent to Applicant _____
