

**Idaho State University Contract Review and Approval Form (CRAF)  
AND New Account Request Form (NARF)  
FOR USE ON SPONSORED PROGRAMS ONLY**

Funding Agency: \_\_\_\_\_

Full Term Payment Amount: \_\_\_\_\_ 1-Time/Annual Amount: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Amendment/Modification/Extension? Yes  No

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(Sponsored Programs ONLY)

PLEASE READ AND REVIEW THE ATTACHED CONTRACT. IF THE AGREEMENT'S PROVISIONS COMPLY WITH YOUR DEPARTMENT'S AND THE UNIVERSITY'S REQUIREMENTS AND MEET WITH YOUR APPROVAL, THEN SIGN BELOW AND FORWARD TO THE NEXT REVIEWER OR THE INITIATOR. IF NOT, THEN RETURN UNSIGNED TO INITIATOR AND INCLUDE A DESCRIPTION OF THE UNACCEPTABLE TERMS OR ANY QUESTIONS YOU MAY HAVE. *TIME IS OF THE ESSENCE. (5-18-17)*

Proposal ID #: \_\_\_\_\_ Award #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Account Director/P.I.: \_\_\_\_\_ Department: \_\_\_\_\_

Typed Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Officer/SFA: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

**Authorized Signatory/Review**

Director, Research Contracts: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed Name: Patricia Spotts

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President: \_\_\_\_\_ Date: \_\_\_\_\_  
( President signs instead if law or funding agency requires)

ReqMaster for this account: \_\_\_\_\_ Email address: \_\_\_\_\_

**Finance and Administration Use Only**

Fund \_\_\_\_\_ Org Code \_\_\_\_\_ Program \_\_\_\_\_ Location \_\_\_\_\_

Index \_\_\_\_\_ CFDA \_\_\_\_\_ Org Prefix \_\_\_\_\_ Other \_\_\_\_\_

1st Approver: \_\_\_\_\_ 2nd Approver: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

Sales Tax \_\_\_ Yes \_\_\_ No UBIT \_\_\_ Yes \_\_\_ No Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Form to: VPF Office \_\_\_\_\_ Accounting \_\_\_\_\_ IT Security \_\_\_\_\_ Other \_\_\_\_\_