# PARENT/CHILD PROJECTS CONTACT SHEET

**EFS CON _____**  
**Award Title:** _____________________________________________________________________________

**Sponsor Award Number:** ______________________________________________________________________

## PARENT PROJECT CONTACTS:

**PI:** ______________________________________________________________________________________
Name, phone, email, name of department, DeptID.

Dept. Research Administrator, Pre-Award: _____________________________________________________________________________________________
Name, phone, email, name of department.

Dept. Research Administrator, Post-Award: _____________________________________________________________________________________________
Name, phone, email, name of department.

**Effort Coordinator:** __________________________________________________________________________
Name, phone, email, name of department

**College Pre-Award Contact:** ______________________________________________________________________
Name, phone, email, College.

**College Post-Award Contact:** ______________________________________________________________________
Name, phone, email, College.

**Certified Approver:** __________________________________________________________________________
Name, phone, email, name of department or college.

## CHILD PROJECT #1  
**Project#** ________________________________________________________________________________
**Project Title:** _____________________________________________________________________________

**CONTACTS:** ________________________________________________________________________________

**Project Lead:** ________________________________________________________________________________
Name, phone, email, name of department, DeptID.

Dept. Research Administrator, Pre-Award: _____________________________________________________________________________________________
Name, phone, email, name of department. Needs NOGA? _Y_ _N

Dept. Research Administrator, Post-Award: _____________________________________________________________________________________________
Name, phone, email, name of department. Needs NOGA? _Y_ _N

**Effort Coordinator:** __________________________________________________________________________
Name, phone, email, name of department Needs NOGA? _Y_ _N

**College Pre-Award Contact:** ______________________________________________________________________
Name, phone, email, College. Needs NOGA? _Y_ _N

**College Post-Award Contact:** ______________________________________________________________________
Name, phone, email, College. Needs NOGA? _Y_ _N

**Certified Approver:** __________________________________________________________________________
Name, phone, email, name of department or college. Needs NOGA? _Y_ _N

Names and x.500s of others who should get NOGAs, if any: __________________________________________________________________________