**Sponsored Project versus External Sales Guidelines Questionnaire**

The purpose of these guidelines are to assist departments in making a determination regarding the administrative treatment of an externally funded activity, which is not a gift, when such treatment is not clearly indicated under existing university policies.

Name of externally funded activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative unit responsible for the activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** These guidelines do not apply to gifts, where the resource provider receives no, or only nominal value in exchange for the funding provided. The guidelines below are for determination of whether an activity is a sponsored project or external sales/service, where the purchaser (resource provider) receives more than nominal value for the funding or purchase price paid.

**Sponsored Project**

If the response to **any** of the following questions is affirmative, the externally funded activity **must be** administered as a sponsored project, unless there are extenuating circumstances for an exception approved by office of the Vice President for Research.

|  |  |  |
| --- | --- | --- |
| * What is the Funding Source (Check all that applies)?
 |  |  |
|  Federal Funds State/Local GovernmentNon-Profit Organization Private Investing | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | **Yes** | **No** |
| * Does the funding source impose restrictive terms and conditions with which the university must comply with in order to apply for the funding?
 |  |  |
|  |  |  |
| * Does the agreement or work plan for the proposed activity call for specific scientific research, whether basic, fundamental or applied?
* Are the anticipated outcomes of the project the result attained through application of proprietary methods owned by the U. [Yes] or are the methods industry standard testing or manufacturing processes [No].
 |  |  |
|  |  |  |
| * Does the agreement, work plan, or PO for the proposed activity include provisions for the ownership or transfer or intellectual property created by University faculty or staff?
 |  |  |
|  |  |  |
| * Does the agreement or work plan for the proposed activity include provisions for human subjects, animal testing, clinical trials, hazardous materials, export control, publication restrictions, or other regulatory approval requirements?
 |  |  |
|  |  |  |
| * Does the agreement or work plan for the proposed activity include any commitment of funds, physical resources, cost share, or faculty effort commitment?
 |  |  |
|  |  |  |
| * Is the use of funding for the proposed activity restricted as to budget category and/or amount of budget category expenditures?
 |  |  |
|  |  |  |
| * Are detailed financial reports and/or technical milestone reporting required by the funding source?
 |  |  |
|  |  |  |
| * Must unused funds be returned to the funding source?
 |  |  |
|  |  |  |
| * Is the activity considered program income in accordance with OMB Circular A110 for the use of federal funds or any sponsor regulations governing income derived from products or services developed using sponsored project funds?
 |  |  |

If response to any of the above questions is affirmative, contact the Office of Sponsored Projects: The rest of this questionnaire need not to be completed.

**External Sales (Only complete this section if there are no affirmative answers to the above questions under the Sponsored Project Section)**

If responses to all the questions above are negative and all or mostly all of the following questions can be answered in the affirmative, external sale treatment is generally indicated. There may be circumstances unanticipated in these guidelines that nonetheless warrant the institutional oversight provided by sponsored projects administration processes.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Will the proposed activity be performed by a revenue producing resale or recharge unit established under university policy? Name of unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |
|  |  |  |
| * Is valuable educational, research, or public service efforts of the UofU provided?

 (If NO, answer next question, if YES, skip next question) |  |  |
|  |  |  |
| * Will the proposed activity avoid competition with private enterprise?
 |  |  |
|  |  |  |
| * Will the proposed activity avoid competition with private enterprise unless we provide a valuable educational, research or public service?
 |  |  |
|  |  |  |
| * Is the proposed activity reflected in the business plan of the established revenue production center?
 |  |  |
|  |  |  |
| * Will the proposed activity provide direct and tangible economic benefit, such as services, products or deliverables, to the funding source or purchaser?
 |  |  |
|  |  |  |
| * Will the proposed activity deliver a product or service without technical and financial reporting to the funding source?
 |  |  |
|  |  |  |
| * Will the proposed activity primarily benefit the funding source or purchaser and secondarily benefit the university or the public?
 |  |  |
|  |  |  |
| * Is the binding written document a fixed price or per unit purchase order, sales contract, or similar procurement type agreement?
 |  |  |
|  |  |  |
| * Does the revenue center make all business decisions regarding the proposed activity, such as amount and type of expenditures?
 |  |  |
|  |  |  |
| * Does the revenue center bear risk of profit or loss on services or products provided to the funding source?
 |  |  |

I certify that I have personal knowledge of the information provided above and that it may be relied on in making an administrative treatment determination. I understand additional information may be required to make the appropriate administrative treatment determination.

**(Check One)**

**Conclusion Reached:** Sponsored Project (sponsored project #)

 External Sale

 Undecided (further review is needed)

Recharge/Cost Center Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Office of the Dean Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

V.P. for Research Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_