



# OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION

Managed by ORAU for DOE

## ORISE Research Participation Programs Selection and Approval Form

Fill out this form and send it to ORISE to appoint a participant to a NIH program administrated by ORISE.

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### Participant and Sponsor Information:

#### Participant Information:

Participant's Name:

Participant's Email:

Citizenship:

Visa Type:

Academic Status:

#### Sponsor Information:

Office/ Division/ Lab:

NIH Sponsor's Name:

Sponsor's Title:

Point of Contact's  
(POC) Name:

POC's Phone  
Number:

POC's Email:

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### Appointment Details:

Appointment Type:

Participation Level:

Start Date\*:

End Date:

Appointment Location:

Field of Research:

Project Description:

*\*Start date is dependent upon the availability of funding and eligibility.*

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## Authorization for Payments and Reimbursements:

Upon request, ORISE can provide a cost estimate for an ORISE participant.

The sponsor authorizes ORISE to make the following payments and reimbursements to the participant according to the ORISE *Terms of Appointment* and availability of funding.

Stipend: Payment \_\_\_\_\_ per month **OR** \_\_\_\_\_ annually

Stipend Supplement for Health Insurance including the percentage of insurance cost covered by the sponsor:

Percentage Authorized: \_\_\_\_\_

If Other, specify percentage: \_\_\_\_\_

Honorarium: Payment \_\_\_\_\_

per event, with the event defined as: \_\_\_\_\_

Estimated number of events during period of appointment: \_\_\_\_\_

Other: \_\_\_\_\_

One-Time Dislocation Allowance, in the amount of: \_\_\_\_\_

Relocation to the appointment location, up to a ceiling of: \_\_\_\_\_

Training: Amount \_\_\_\_\_

Travel during the appointment is reimbursable in accordance to federal travel regulations. Total

travel during the appointment is estimated to be this amount\*:

*\* The sponsor must inform ORISE of limits.*

Other Authorized Payments and Reimbursements (describe these in the "Instructions to ORISE" box below)

Instructions  
to ORISE:

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This approval reflects the maximum allowable amount ORISE is authorized to pay or reimburse the participant based on the availability of funding. For travel or training, actual reimbursements will be based on receipts submitted by the participant to ORISE for expenses not to exceed the maximums authorized. This approval also summarizes the details that ORISE will include in the offer letters and terms of appointment.

Authorization for additional activities may be provided by the sponsor at any time. Additional funding may be sent when necessary. Those elements will be provided, described, and reimbursed based on the availability of funding. Any additional elements of the appointment must be approved in advance by the sponsor and acknowledged by ORISE.

All appointments are contingent upon continued availability of funds. In the event that funding is depleted before the end of the authorized appointment period, additional funding may be sent to complete the appointment. Alternatively, you may choose to terminate or renew the appointment early.

Appointments requiring new funding will be initiated after funding is approved.

## *Authorized Signatures:*

NIH Sponsor Date

Office/Division/Lab Administrative Officer Date

Administrative Officer Date

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## **Submit This Form to ORISE:**

Please email this ORISE Research Participation Programs Selection and Approval Form to:

Janeen Pointer (Senior Program Specialist)

Phone: 865-574-3172

Email: [Janeen.Pointer@orau.org](mailto:Janeen.Pointer@orau.org)

Alternate Email: [nihprograms@orau.org](mailto:nihprograms@orau.org)