**Disclaimer:**

This form is to be filled out closely and collaboratively with the service provider. Forms completed without formal core service input may be declined. The core/service should fill out their portion of this template and send it back to the applicant to upload with their application.

**Important Dates:**

All services must be completed no later than 7/31/2025 and all invoices must be received by 8/31/2025:

**Spark Applicant Name:**

**Spark Applicant Email Address:**

**Project Title:**

**The section below is to be answered by the service provider**

**Date of Completion:**

**Core Service Provider Department:**

**Core Service Email Address:**

**Core Service Personnel Who Completed the Cost Calculation table below**:

[ ] I confirm that we can complete these services by July 31, 2025.

[ ] I confirm that we will submit all invoices by August 31, 2025

|  |  |  |
| --- | --- | --- |
| **Cost Calculation:** |  |  |
| Service Description: | Estimated Time (Hours): | Estimated Cost:  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total:  |  |  |

For questions, please contact CTSI-Spark@osumc.edu