

PRE-AWARD/ADVANCE SPENDING REQUEST FORM

Principal Investigator/Project Director (PI/PD):

College:

Department/Program:

Project Title:

Funding Agency:

Type of Funder ☐ State ☐ Federal ☐ Private Non-profit ☐ Private For-profit

Type of Award ☐ New ☐ Competing Renewal ☐ Non-competing renewal/continuation
☐ Subcontract ☐ Supplement ☐ Transfer to ACU

Current Award # and Fund, if applicable:

Expected Project Start Date:

Anticipated Arrival of Funds:

Anticipated first year award: \$

Amount Requested for Advance Spending: \$

Period of Advance Spending Beginning: End:

Explain why advance spending is necessary to the conduct of the project. Include a budget breakdown of the necessary expenses that contribute to this request:

Provide the Fund # for one or more Guarantee Accounts that may be encumbered for the advanced amount. Please note that this account will be charged for any expenses that ultimately cannot be charged to the sponsored award for whatever reason:

PI Signature

Date

APPENDIX F

Department Chair/Program Director: I support this request and understand that any losses incurred through pre-award/advance spending will be charged to the guarantee account/s provided herein.

☐ Approve ☐ Deny and reason:

Signature

Date

Head of the Division in charge of the Guarantee Account (if different from Chair above): I support this request and understand that any losses incurred through pre-award/advance spending will be charged to the guarantee account/s provided herein.

☐ Approve ☐ Deny and reason:

Signature

Date

ORSP: I have confirmed the allowability of pre-award/advance spending with the agency, as well as discussed the status of the pending award. I have communicated the risk to the PI, Department, and holder of the guarantee account, as appropriate.

☐ Approve ☐ Deny and reason:

Signature

Date

Finance Office: I have confirmed the availability of funds in the guarantee account/s

☐ Approve ☐ Deny and reason:

Signature

Date

Provost Office (when risk is elevated, as per the Pre-Award/Advance Spending Policy): I have reviewed the request for Pre-Award/Advance Spending with elevated risk.

☐ Approve ☐ Deny and reason:

Signature

Date