

REQUEST TO ESTABLISH PRE-AWARD ACCOUNT

Notice has been received from the sponsor that the pending proposal listed below will be funded (please attach documentation). Permission is requested to incur costs in anticipation of the award or executed agreement. If the proposal is not funded or if the resulting award has a different effective date, all unallowable charges will be promptly transferred to the non-sponsored chartfield indicated below.

Please be sure to scroll to the bottom of the page and press submit after you have signed to ensure proper routing of the form. You will then need to enter your OSP Preaward Administrator's email into the 'To' field.

Date:

PI Name:

Proposal/GTS#:

Sponsor:

For sub-award, also provide prime Sponsor:

Title of Grant:

Sponsor Award ID # if known:

(ex. for NIH awards, R01 - - - -)

Expected Start and End Date for first period of Award: -

Please note: review of the account and dollar limits are the responsibility of the department.

Unrestricted chartfield to charge if award/contract funds are not recovered for any reason:

Fund: **Dept:** **Program:** **Project:**

Restricted chartfields cannot be used to guarantee Pre-Award Accounts as these funds cannot be used for purposes other than the project for which such funds were received.

By signing below, I am requesting a Pre-Award Account and will cover any expenses incurred if the award funds are not received for any reason.

PI/Business Manager – Signature _____

PI/Business Manager - Printed Name

Chair – Signature _____

Chair – Printed Name

Office of Sponsored Programs - Signature _____

Send completed form to your OSP Preaward Administrator

Please note: If the submit button will not function in your PDF viewer, go to File>Send File>Attach to Email and send to your OSP Preaward Administrator with "Action required: Preaward Account Request For - [your GTS#]" as the subject and "Please see the attached preaward account request form which requires your review and signature" in the body.