



Learning with Purpose

OFFICE OF RESEARCH ADMINISTRATION

AT-RISK ADVANCE ACCOUNT REQUEST FORM

| | | | |
|---|--|------------------------------------|--|
| | NEW AWARD SET-UP | | |
| | Notice has been received from the sponsor that the pending funding proposal listed below will be funded and documentation of that notice has been attached . 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 charges not covered by the award will be promptly transferred to the speedtype listed below. | | |
| | AWARD CONTINUATION | | |
| | Notice has been received from the sponsor that the award listed below will continue, and documentation of that notice has been attached . Permission is requested to incur costs in anticipation of the continuation award or executed amendment. If the continuation is not funded or if the resulting amendment has a different effective date or awarded amount than expected, all charges not covered by the award will be promptly transferred to the speedtype listed below. | | |
| PI NAME | | PS PROPOSAL/AWARD # | |
| DIRECT SPONSOR NAME | | PRIME SPONSOR NAME (if applicable) | |
| ANTICIPATED START/END DATE | | ANTICIPATED \$ AMOUNT | |
| AT-RISK ACCOUNT START DATE | | AT-RISK ACCOUNT \$ AMOUNT | |
| AT-RISK ACCOUNTS WILL BE SETUP FOR A MAXIMUM OF 90 DAYS AND CAN REQUEST A MAXIMUM OF \$50,000. | | | |
| BACKUP SPEEDTYPE INFORMATION | | | |
| <i>This unrestricted, non-sponsored fund will be charged for any expenses not covered by the award.</i> | | | |
| SPEEDTYPE | | FUND TYPE | |
| NOTES (optional): | | | |
| | <i>By checking this box, I confirm the above speedtype contains enough funds to pay for any charges not covered by the award and that sufficient justification from the sponsor confirming the award is forthcoming has been attached below.</i> | | |

ATTESTATIONS

By signing below, I am requesting an At-Risk Advance Account and will cover any expenses incurred if the award funds are not received, charges precede the period in which the sponsor will cover expenditures, or any other reason why a sponsor would deny covering charges.

PI Signature:

Signature:

(If backup speedtype is used, signature is required by speedtype owner.)

Please email this completed/signed form to your GCA.