

OFFICE OF SPONSORED PROGRAMS

NON-EQUIPMENT AT-RISK ADVANCE ACCOUNT REQUEST FORM

Notice has been received from the sponsor that the proposal listed below will be funded and <u>documentation of that notice has been</u> <u>attached</u>. Permission is requested to incur non-equipment costs in anticipation of the award or executed agreement. If the funding is not received, regardless of the reason, all charges not covered by the sponsor will be promptly transferred to the speedtype below.

PI NAME		RES #			
SPONSOR NAME		PRIME SPONSOR			
		(if applicable)			
ANTICIPATED		ANTICIPATED TOTAL			
START/END DATE		AWARD AMOUNT			
AT-RISK ACCOUNT		AT-RISK ACCOUNT			
START DATE		\$ AMOUNT			
AT-RISK ACCOUNTS WILL BE SETUP FOR A MAXIMUM OF 90 DAYS					
AT A MAXIMUM OF \$75,000.					
BACKUP SPEEDTYPE INFORMATION					
This unrestricted, non-sponsored fund will be charged for any expenses not covered by the award.					
SPEEDTYPE		FUND TYPE			
NOTES (optional):					
By checking this box, I confirm understanding of all risks associated with At-Risk Accounts; that any charges not covered					
by the sponsor regardless of the reason will be the responsibility of the PI and/or Department (as applicable).					

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

Please send this completed/signed form, an internal budget for the amount being requested, and be sure to attach documentation from the sponsor justifying the At-Risk Advance account to your GCA.