

REQUEST FOR "RISK" PROJECT NUMBER

To: **Sponsored Programs Accounting and Administration**

THROUGH: _____
Signature of Dean/School Director Date

THROUGH: _____
Office of Sponsored Programs * Date

THROUGH: _____
Signature of Department Chair Date

FROM: _____
Signature of Principal Investigator Date

Proposal Processing Number: _____

Requested Start Date of Risk Account: _____

Spending Authority Requested: \$ _____

Understandings:

1. The Department Chair's/School Director's consent of this "Risk" project number request obligates project number _____ to absorb all costs incurred should funding not be awarded for the support of this project. In addition, this consent assures that that all required Human Subject, Animal Subject, Biohazard/Chemical, and or Recombinant DNA compliance protocol has been received prior to initiation of those specific activities.
2. Initial Spending Authority amount will not be allowed to exceed \$50,000. Request for Spending Authority in excess of \$50,000 must be approved by the appropriate Vice President:
 - E&G -- Provost & Vice President for Academic Affairs
 - PSA -- Vice President for Public Service and Agriculture
3. Charges incurred prior to the sponsor's official start date are subject to **DISALLOWANCE** unless provided by sponsor policy, or otherwise approved by the sponsor.
4. The approved Proposal Processing Form and its internal budget form **must** accompany this request.
5. The "Risk" project number will be valid for 90 days only unless additional time is approved in writing to SPAA by the Principal Investigator's supervisor.

* To record and facilitate appropriate pre-award negotiations with sponsor

h:\forms\RISK Account Request form 12/29/03

Approval:

Sponsored Programs Accounting and Administration Date