**AWARD ADVANCE REQUEST**

NEW AWARD OR COMPETITIVE RENEWAL

***This form is to be used when requesting a new award or a competitive renewal award that has not been fully negotiated at the time of the official start date. For grants under the Federal Demonstration Partnership (FDP), this form can cover the 90-day pre-award costs allowed under Public Health Service guidelines. It is the home department that is responsible for covering any unreimbursed expenditures, including 90-day pre-award costs, on an advance for which the award cannot be executed.***

***This advance award will be set up for twelve months. The award will be set up with zero appropriation.***

***In the event that the award does not arrive within this advance time period, the Controller’s Office will seek approval from the Dean’s office to extend the advance.  If and when the advance is closed, the department will be required to move all expenses to their discretionary project. Contracts and Grants Accounting (CGA) will inactivate the advance activity period.***

**Date:**

**Principal Investigator Name:**

**Administering Unit/Department:**  **(Dept. responsible for admin. of award)**

**Prepared by:** **Phone:** **Email:**

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**eProposal #:**  **Dept ID #:**

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**Sponsoring Agency:**

**Prime Sponsor (subcontract only)**

**Type of Award *(check one)*:**  **New**  **Renewal**

**Funding from:**

**Type of Advance Request:**

**Pre-Award Spending on FDP grants**

**Award not received or approved**

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**Anticipated total dollars (1st year of Award): $**

**Anticipated Award Advance start date:**

**Attach one copy of the following documents:**

**1st year budget**

**Pre-Award approval for projects under FDP (not required for advance period of 90 days or less)**

**Documentation of Sponsor’s commitment (not required for federal awards where UCSF is the prime grantee).**

**Must contain the sponsor’s Legal Name and estimated level of support. (Provided by department/ORU)**

**CHR and/or IACUC approval as required (unless previously submitted to OSR and still current and valid)**

**CHR and/or IACUC is pending\***

**Must be cleared:**

**COI, if applicable**

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**Requested and signed by: Principal Investigator: Date:**

**\* PI agrees not to conduct or expense on human or animal portion of the study until the CHR/IACUC is approved**

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| ***Acknowledgement: By approving this request, the Department MSO recognizes the liability for all expenditures on this fund. If the project is not funded by the agency, the Department agrees to guarantee the funding and to transfer all expenditures to:***  **(Provided by department/ORU)**  ***Fund Dept ID Project Function Flex (optional)*** | | | | | | |
|  |  |  | | | | |
| MSO (signature and date) |  | OSR Signing Official (signature and date) | | | | |
|  |  |  | | | | |
| Dean\*\* (signature and date) |  | For OSR use only: | | | | |
|  |  | F&A Rate: |  | Base Code: |  |  |
|  |  | F&A Waiver #: \_\_\_\_\_\_\_\_\_\_\_ | | | | |

**\*\*Dean’s signature is required if the award advance request is greater than $500k total costs. Go** [**here**](http://osr.ucsf.edu/content/deans-signature-contact-award-advance-forms) **to detemine who to contact to obtain signature.**