Please complete this form, including signatures by Principal Investigator (PI) and Lab Director. Send the completed and signed copy to ORAA via email to oraa@umces.edu.

Lab Name ____________________________________________

Request for

☐ An advance account number
☐ Pre-Award Costs
☐ Lifting the end date of an existing project in anticipation of receipt of a formal end date extension or continuation by the sponsoring agency

Project Title ____________________________________________

Proposal Number ____________ Project Number ____________

Principal Investigator ___________________________ Sponsor ___________________________

Requested Start Date ____________

or ☐ Request to lift end date of existing project

Expected Value of Award $ ____________

Requested Expense Authorization $ ____________ (to be monitored by Lab)

Person at sponsor to contact for information (if known)

Name/Title ____________________________

Telephone ____________________________

Email ____________________________

Fax ____________________________

We hereby authorize ORAA to initiate action to assign or continue an account number to be used for incurring cost for the above project.

This authorization commits the laboratory or unit to reimburse central accounts for any deficit that might result if an appropriate award or amendment is not forthcoming or for any unallowable costs incurred if the pre-award cost period exceeds sponsor rules.

Signatures

Principal Investigator ____________________________________________ Date ____________

Lab Director (or designee) ____________________________________________ Date ____________