

**Request for Advance/Pre-Award Account Form**

TYPE OF REQUEST	
<input type="checkbox"/>	Advance Account for a New Project <i>(Awaiting fully executed contract. Charges will occur after project start date on contract)</i>
<input type="checkbox"/>	Advance Spending for an Existing/Continuing Project <i>(Awaiting renewal award for a non-competing continuation )</i>
<input type="checkbox"/>	Pre-Award Account <i>(Project charges before start date that are permitted by the agency)</i>

PROJECT INFORMATION	
Principal Investigator Name:	
Title:	
School:	
Department or Center:	
Project Title:	
Agency/Sponsor:	
Originating Sponsor if UAlbany is a Subrecipient (e.g., NIH, NSF):	
Does the project involve human subjects, Animals, Biohazardous Materials, or Radioactives? No: <input type="checkbox"/> Yes: <input type="checkbox"/> If "Yes", indicate the approved protocol number: _____ and attach the approval letter to this request.	
Anticipated Award Date:	
Anticipated Award Amount (Per Sponsor Notice): \$ _____	

REQUEST DETAIL	
Advance/"at-risk" Amount Requested: \$ _____	
Advance/"at-risk" Term Requested (Max of 3 months):	Date begin: _____ Date End: _____
Is a budget and budget narrative for the amount requested and period of time attached? (Required) Yes: <input type="checkbox"/>	
In the event this project is not awarded, to which account will expenses to be charged?	
Why is the Advance Account Needed? Provide a justification as to why an "at-risk" account is necessary. The justification should include documentation (e.g., letter, notice, e-mail from program officer) indicating that funding is imminent.	

ENDORSEMENTS	
_____	_____
<i>Principal Investigator</i>	<i>Date</i>
_____	_____
<i>Chair/Director</i>	<i>Date</i>
_____	_____
<i>Dean</i>	<i>Date</i>