THE UNIVERSITY OF AKRON
REQUEST TO INCUR PRE-AWARD COSTS

This form must be completed by the PI, signed by the Department and/or College and submitted to ORSSP.
If approved, ORSSP will forward to the Controller with a request for an account.

A financial acount is requested for the following grant project prior to official award notification from the funding agency.

Principal Investigator: _____

Funding Agency: _____

Project Title: _____

ORSSP #: _____

The Department/College of _____

will assume financial responsibility for expenses incurred if this grant project is not funded by the external agency or if these expenses are not reimburseable.

Anticipated effective date of award: _____

The following must be submitted with this request:
1. A copy of any preliminary notification from the funding agency
2. The project budget

Approval is effective for 90 days and is limited to 25% of the anticipated first year budget. If an award is not forthcoming by the expiration date below, this account will be closed and the department/college agrees to provide the Controller with the account number(s) to which charges are to be transferred.

Signatures:

_____ _____
Principal Investigator Date Department Chair/Director Date

_____
College Dean Date

FOR ORSSP USE ONLY

Approved Expenditure limit: $ _____ Pre-Award Approval Expires: _____

_____
Signature Date

Account request sent to Controller: _____ ☐ Federal funds
Date