



Date of Request: _____ Principal Investigator/Project Director: _____

School: _____ Unit: _____

Project Title: _____

Sponsoring Agency: _____

Award Start Date: _____ Award End Date: _____

Establish a Fund Number in BANNER for an Expected Grant Award

Fund numbers are established in advance of receiving a formal notice of award to ensure that all charges allowed under the anticipated award are recorded in a timely basis directly in the fund number that will be associated with the grant. Any transactions booked to the grant-fund number should comply with the requirements expected to be contained in the formal award. Creating a grant fund number in advance should be limited to cases where there is reasonable evidence from a sponsor that an award is imminent (e.g., notification from sponsor). Because of the additional risk involved with incurring program expenses prior to the receipt of an award, advance project requests must be approved by the appropriate unit head. Copies of supporting correspondence from the sponsor confirming its intention to award the grant must be attached to this request.

Identify a Collateral Budget to use if Award is not Received

The costs incurred on an advance project will be covered by the fund shown below in the event the project is not funded or if the terms of the award disallow certain costs incurred on the project.

Collateral Budget _____ - _____ - _____ - _____ (enter FOAP)

Status (check one)

- _____ Anticipated New Grant
- _____ Continuation If checked, show current Fund # _____ and its end date _____
- _____ Renewal If checked, show current Fund # _____ and its end date _____

Estimated date for receipt of formal award: _____

I certify there is a high probability of receiving the formal award: _____
Principal Investigator/Project Director

IRB Approval: Y N Approval #: _____ IACUC approval: Y N Approval #: _____

NB: All the above requests may require sponsor's prior approval. Please consult with your Project Officer.

SIGNATURES:

_____ Principal Investigator/Project Director	_____ Date	_____ Office of Sponsored Programs	_____ Date
_____ Dept. Chair/Unit Manager or Dean/VP	_____ Date	_____ Office of the Provost	_____ Date
_____ Mgr. of Collateral Budget (if not above)	_____ Date	_____ Finance	_____ Date