

UCB FUND ADVANCE REQUEST FORM

Directions: Please fill out the information below. Submit the form with all signatures and attachments as scanned PDF documents to SPO by email to spoawards@berkeley.edu. For further instructions, see <http://spo.berkeley.edu/procedures/fundadvance.html>.

Principal Investigator Name: _____
 Department/ORU: _____
 Contact Person: _____ Contact Phone/Email: _____
 Title of Project: _____
 Sponsor Name: _____ Anticipated Award Date: _____
 Expected Award Amount: \$ _____ Fund Advance Period: _____ to _____

- Initial Request (90 calendar days maximum)
- Extension Request (# _____ of 2 *) (*Maximum of two 45 calendar day extension requests allowed)
- Additional Funds are Needed

Funds needed: (prorate on an annual basis, e.g. 90 calendar days should require 25% of project year funding, and attach justification for funding in excess of the amount):

Direct Costs: \$ _____

Indirect Costs: \$ _____

- New Award: SPO Proposal #: _____
- Existing Award: Agency Award #: _____

Compliance/Regulatory Review

Check any compliance issues that will apply to the project when funded. Indicate if any of these activities will take place during the fund advance period. Please attach documentation of institutional approval/resolution for any items with a "yes" response.

- Use of vertebrate animals or custom antibodies. Will take place during the fund advance period: yes no
- Use of human subjects. Will take place during the fund advance period: yes no
- Use of human stem cells. Will take place during the fund advance period: yes no
- Positive Determination of a Financial Conflict of Interest (please attach COI Committee approval letter)

Complete A, B, or C Below

(A) New Federal Award: 90 calendar day pre-award costs allowed by sponsor. Attach documentation of the agency's intent to fund this project, funding level, and anticipated start date. Federal sponsor's representative contact information for follow up:

Name: _____ Email: _____ Phone: _____

(B) The following unrestricted fund/chart string has the financial resources necessary to satisfy any deficit that should result and no other restrictions apply. Chart string: _____

Principal Investigator (Signature and Date): _____

Authorized Financial Administrator (Typed Name): _____

Authorized Financial Administrator (Signature and Date): _____

(both original signatures required)

(C) I agree that if this award is not issued by the end of the fund advance period the deficit will be cleared in accordance with the procedures specified in the Campus Policy on Deficit Resolution.

Chair/Director/Dean (Typed Name): _____

Chair/Director/Dean (Signature and Date): _____

(original signature required)

For SPO Use Only

Date Received by SPO: _____ Date Submitted to Records Team: _____ SPO Research Analyst: _____

Award Type: _____ Project Type: _____ RTC/FDP: yes no Equipment Title: UCB other

Template: _____ Distribution: _____

Comments/Other: _____