

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 for Type A Requests)

Extension Request (# _____ of _____)

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 this 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 [appropriate 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

Complete A or B Below

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

Name: _____ Email: _____ Phone: _____

(B) All Other Awards: If the award has been received but is delayed due to negotiations, only the signatures below are required. If the award is still pending, provide written documentation of the sponsor's intent to fund the project, funding level, start date, and the sponsor's policy on pre-award costs.

Required Signatures (All Fund Advance Types) (original signatures required)

I have read the campus Fund Advance Policy, and I understand that any deficit that results from this Fund Advance will be cleared in accordance with the Campus Policy on Deficit Resolution.

Principal Investigator (Signature and Date): _____

Chair/Director/Dean (Typed Name): _____

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

(Optional) I designate the following unrestricted Fund Chart String to be used to clear any deficit that results from this Fund Advance: _____

Fund Administrator (Typed Name): _____

Fund Administrator (Signature and Date): _____

For SPO Use Only

Date Received by SPO: _____ Date Submitted to Records Team: _____ SPO CGO: _____

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

Template: _____ Distribution: _____

Comments/Other: _____