

UNIVERSITY OF CALIFORNIA, RIVERSIDE  
REQUEST FOR APPROVAL TO INCUR PRE-CONTRACT/GRANT EXPENDITURES (Pre-award)

I. Request:

1. Prime Principal Investigator Name: \_\_\_\_\_

2a. Prime Principal Investigator Dept. Name: \_\_\_\_\_ 2b. Associated Activity Code: \_\_\_\_\_

3. Sponsoring Agency Name: \_\_\_\_\_ 4. Proposal Number: \_\_\_\_\_

5. Project Title: \_\_\_\_\_

6. Anticipated Award will be a :  Grant  Cost Reimbursable Contract  Fixed Price Contract  Cooperative Agreement

7. Anticipated Award will be:  New  Renewal  Continuation

8. If this request pertains to a current agreement, please indicate the following: a. Agency award #: \_\_\_\_\_  
b. UCRFS fund number: \_\_\_\_\_ c. Agreement expiration date: \_\_\_\_\_

9. Anticipated award begin & end dates: \_\_\_\_\_

10. Total funds anticipated in the budget period: \$ \_\_\_\_\_ 11. Total Pre-award expenditures requested: \$ \_\_\_\_\_

12. Requested pre-award period begin and end dates: \_\_\_\_\_

13. Justification of pre-award expenditures (attached Letter of Commitment from sponsor):  
\_\_\_\_\_

II. Certification:

I confirm the following FAU is appropriate to cover unfunded preaward costs: Activity:  Fund:  Function:

Dept. Business Officer Signature (or CFAO): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

III. Approvals:

1. Principal Investigator  
My signature indicates an urgent need exists to expend funds prior to receipt of a fully executed award.  
Prime Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Department  
 I concur with this request and authorize use of the FAU listed above if the agreement described above is not awarded, or does not coincide with the period of performance identified above.  
 There are no departmental resources available for losses incurred as a consequence of this pre-award request. The Dean's Office has agreed to fund the losses and I endorse the request for pre-award.  
Department Chair or Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Title: \_\_\_\_\_

3. Dean (Exceptional)  
The Department Chair has endorsed this request, but is unable to provide funding for losses incurred as a consequence of the approval of this request. The Dean's Office will provide funding if required, from the above-named FAU.  
Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Office of Research-Sponsored Program Administration  
a. Sponsor Number: \_\_\_\_\_ b. CFDA #: \_\_\_\_\_  
c. Confirmation of firm commitment from funding agency:  YES  NO d. Pre-award authorized under Agency terms:  YES  NO  
Notes: \_\_\_\_\_  
OR-SPA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Office of Research  Approved  Not Approved  
Vice Chancellor for Research: \_\_\_\_\_ Date: \_\_\_\_\_