

**Arts & Sciences
Internal Preliminary Fund Request**

Date: _____ Name of PI: _____

Sponsor: _____

Cayuse Proposal Number: _____

Contract/Agreement Received: _____

Start Date of the Grant: _____

Regulatory Compliance: IRB: _____ IACUC: _____

This is a RISK Account!

If for any reason the Grant is NOT funded your department will be responsible for covering the expenses that are charged to the Prelim.

**Please provide a departmental FOPAL
to cover the expenses if Not Funded**

FUND: _____ ORG: _____ Program: _____

Department Chair's Signature: _____

Please Submit completed form to asgrants@southalabama.edu

**Once you receive approval from sponsor, please forward that
information to me at asgrants@southalabama.edu**

For A&S Grants Use Only

Approved: _____ Not Approved: _____

Preliminary FUND Number: _____

Date Budget is Loaded in Banner: _____