

**PRELIMINARY FUND REQUEST**

Please provide appropriate information and route executed form to Office of Sponsored Projects Administration, AD 200

DATE: \_\_\_\_\_

**REQUEST FOR:**

New Fund – New Project

Renewal/Continuation of Fund No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Supplement and/or Extension of Fund No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Match Fund – New Project

**REFERENCE:**

Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Type:  Research  Instruction  Public Service  Student Services  
 Fellowship  Services/Testing

PI Name: \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

I request a Preliminary Fund be established in the amount of \$\_\_\_\_\_ to cover necessary expenditures for a \_\_\_\_\_ month period beginning \_\_\_\_\_. **See itemized budget attached.**

**ASSURANCES:**

I ( have /  have not) received word from the sponsor concerning this project. If this project is not funded, my Department Chair agrees to cover expenses with local funds, under the control of the Department. All such charges to this Preliminary Fund will be supported by FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

The project for which an award is expected must receive the appropriate regulatory review and approval prior to project initiation. If approval has been granted, please attach a copy of approval letter(s).

*Check all that apply:*

Human Subjects Research  Disclosure of possible conflict of interest  
 Animal Subjects  Biological hazards, Recombinant DNA materials

I understand charges incurred prior to the sponsor’s approval start date are subject to disallowance unless approved by the sponsor.

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR                      DATE                      SPONSORED PROJECTS                      DATE  
ADMINISTRATION  
PROPOSAL ON FILE – LOG # \_\_\_\_\_  
 AGREEMENT EXECUTION IN PROGRESS

\_\_\_\_\_  
DEPARTMENT CHAIRMAN                      DATE                      DEAN                      DATE

Note: \_\_\_\_\_

**PRELIMINARY FUND BUDGET**

Personnel Services* : Instructional/Research Salary	\$
Other:	
Fringe Benefits	
Supplies:	
Copying & Binding	
Travel: Domestic	
Foreign	
Workshops & Training	
Consultants	
Contract Services	
Equipment Maintenance & Repair	
Student Stipends	
Equipment	
Other (Specify):	
TOTAL DIRECT COSTS	
TOTAL INDIRECT COSTS @ ____%	
TOTAL PROJECT COSTS	\$

**\*When personnel services are budgeted, appropriate fringe benefits must also be budgeted.**