



OFFICE OF RESEARCH ADMINISTRATION

ADVANCE ACCOUNT FORM

From: _____ Department: _____

To: Office of Research Administration
OR RSMAS-ORA

REQUEST: New Sponsored Account Number, OR
 Continuation of Current Sponsored Account. Grant/Legacy Value: _____

REFERENCES: _____ UM Proposal # _____
Assigned by Office of Research Administration/RSMAS-ORA

Sponsoring Agency: _____

Proposal Title: _____

INTENT TO FUND:

Why is Advance Account Needed?

Start Date: _____ End Date: _____

Agency's Grant/Contract No.: _____ Amount of Award \$: _____

Information Obtained from: _____
(Name & Title of Sponsor Contact)

Date Information Obtained: _____ Phone # of Sponsor Contact: _____

Signature of Principal Investigator: _____

GUARANTEE: In the event the award is not made or pre-award approval not granted by the sponsor, the expenses charged and committed are hereby guaranteed and my signature below authorizes a transfer of all expenditures and all commitments in the sponsored grant/legacy value to the cost center indicated below. (The cost center guaranteeing expenses must be an unrestricted or designated, never a restricted or another sponsored grant/legacy value). **PLEASE NOTE: There is a heightened risk to opening Advance Accounts on contracts where (1) the start date may be unknown and (2) pre-award spending approval is rarely granted by our sponsors. Please attach a copy of the draft contract so we may assess the level of risk. Advance Account cannot be set up for non-governmental contracts due to unknown start date and lack of pre Award spending.**

Program Number: _____ Cost Center Number Guaranteeing Expenditures: _____

Cost Center Title: _____

Chair/Dean or Designee (print): _____ Title: _____

Chair/Dean or Designee (signature) _____ Date: _____

Office of Research Administration\RSMAS-ORA

Name: _____ Date: _____

Signature _____