



PRIOR APPROVAL REQUEST FORM
FOR ESTABLISHMENT OF A FUND NUMBER PRIOR TO AWARD

Instructions: Complete this form to request a fund number prior to the receipt of a Notice of Award (NOA). For National Institute of Health (NIH) grants, please review the "Pre-Award Cost" sections of GCO's NIH Prior Approval Requirements and Rebudgeting Policy.

Justify the need and add pages as necessary. Attach documentation indicating likelihood of funding. If this is not a NIH grant, attach funding agency policy on pre-award spending allowability.

If the NOA is not received (i.e., the project is not funded), costs will be charged to the back-up fund number.

Date: _____

GCO #: _____

Back-Up Fund #: _____

NIH #: _____ Estimate Amount of Pre-Award Spending: _____

Justification

Multiple horizontal lines for justification text.

Required Signatures

Principal Investigator (PI) _____ Date _____

Dept. Chair _____ Date _____ recommended not recommended

Conflict of Interest _____ Date _____ recommended not recommended
Office Director

Sponsored Projects _____ Date _____ recommended not recommended
Finance Director

Authorized Organization _____ Date _____ recommended not recommended
Representative