

FLORIDA STATE UNIVERSITY
Sponsored Research Services (SRS)
REQUEST FOR ADVANCE

This replaces an existing approved advance.

USE THIS FORM to request advances only after reviewing the "FSU Policy on Advances for Externally-Funded Projects and Initiating Work without an Award."

PI Name:		Sponsor:	
Project Title:			
OMNI # (Proposal ID, Award/Contract No., and/or Project ID, if known):			
Advance Funding & Time		Advance Funding Only	
Advance Time Only - What is the remaining available balance? \$			
(Remaining Balance refers to the remaining unspent and unencumbered funds.)			
ADVANCE AMOUNT REQUESTED		ADVANCE DATES REQUESTED	
Direct Costs (Backing required)	\$	Begin Date	
F&A (Indirect) Costs (Backing N/A)	\$	End Date	
Total	\$		
This advance is requested under FSU's FDP Preaward Costs authority. If award has been received, use FSU's <i>Prior Approval Request Form</i> instead.			
This advance is backed by: DeptID:		Fund:	Project (if applicable):
What is the backing account's current available budget balance as of the date of this request? \$			
AWARD AMOUNT ANTICIPATED		AWARD DATES ANTICIPATED	
Direct Costs	\$	Begin Date	
F&A (Indirect) Costs	\$	End Date	
Total	\$		

CRITICAL REQUIREMENTS: This request will be considered *only* if: (1) the following conditions are true, and (2) support documentation and backing account information are provided as required.

- The PI has provided SRS with sponsor's assurance that a proposal has been recommended for funding, with a recommended start date, end date, and amount of initial obligation (as shown in Block 4).
- Any delay in initiating or continuing critical program requirements beyond the existing current budget period or amount may adversely impact the program or significantly increase the cost. Critical requirements include, but are not limited to: (1) The continuation of essential employees to avoid losing experienced or uniquely qualified personnel under intermittent funding conditions; or (2) Urgent purchasing requirements which require immediate action.
- The department agrees to assume the risk by providing financial backing of only the *direct* cost amount specified above. If only advance time is requested, the department agrees to assume the risk by providing financial backing of only the *direct* cost amount incurred during the period of the time advance noted above. The department is advised to limit its exposure to risk by limiting the amount of advance and/or the period of the advance.

Attachments Required as applicable:

- Detailed justification for advance—always required.
- Budget Summary Form reflecting amount of the advance.
- Personnel Change Form.
- Documentation of sponsor's assurance of funding or approval of proposal.
- Human or animal subjects protocol approval letter. If protocol has not been approved, see the important certification below.

CERTIFICATION: Each of the signatories below (PI, Chair and Dean/Director) hereby *certifies* that (1) s/he has read the *FSU Policy on Advances for Externally Funded Projects and Initiating Work without an Award*; (2) s/he understands and accepts the risks and responsibilities associated with this advance; and (3) if human or animal subjects are involved in this project, no work will be conducted involving Human or Animal Subjects until the appropriate protocol has been approved.

NAME	SIGNATURE	DATE
Principal Investigator Name:		
Department Chair Name:		
Dean/Director Name:		

Approved by VPR Authorized Representative

Signature:	Kirby W. Kemper Vice President for Research	Date:
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