

UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER
REQUEST FOR APPROVAL TO SPEND FUNDS

Send to Financial Services, MSC09 5220, 1650 University Blvd NE

1. Principal Investigator _____ 2. Pre-Award Proposal# HSC-_____ (4 digits)

3. Department _____ PI's Org Code _____ (will be tied to Index in Banner set up)

4. Funding Agency _____ 5. Project Title _____

6. Anticipated Award will be a Grant to UNM Cost-Reimbursement (Sub) Contract
 Fixed-Price (Sub) Contract Fee for Service

7. Anticipated Award will be a New Competing Renewal Non Competing Continuation Supplement
Type: Research (CTA Phase I & II) Public Service (CTA Phase III & IV) Instruction

8. If this request pertains to a currently active project, indicate the agency award number _____
Also indicate the current UNM index number _____

9. The anticipated award is to begin _____ and end _____. Funds anticipated \$ _____

10. Approval is requested to spend \$ _____ during the period beginning _____ and ending _____.

11. Person(s) to contact for questions concerning this request _____ Email: _____
Phone: _____ (This person will also receive e-mail of index number)

12. PI's Description of request and justification. Include discussion on level of certainty of award.

Processing Steps:

1. PI is to initiate this form when a shell index is necessary and a proposal is in progress & filed in Pre-Award.
2. PI is to obtain the signature or email verification from PreAward that a proposal has been filed. Pre-Award will verify questions 2, 4, 6, & 7 and sign or email a reply. Allow up to 2 business days for a reply unless other arrangements have been made.

PreAward Signature _____ OR See Attached Email from PreAward

3. PI will submit to Department Chair for Signature, with PreAward signature or attached email.
4. If application is non-competing AND Dept Chair has agreed to provide funding in the event the award is not received, Dean's Signature is **NOT REQUIRED**. Submit to HSC Financial Services for processing up after Chair's signature.
5. If application is New, Competing, or New Supplement OR the Dept Chair will not agree to provide funding in the event the award is not received, this form must be signed by the Dean. Submit to HSC Financial Services for processing after Dean's signature.
6. Post award will verify all above steps and set up shell Grant & Fund.
7. Post award will email PI and contact person in #11 after receipt of index number from Finance Systems Mgt.
8. Post award will pass this form to PreAward for placement in the proposal file.

REQUIRED: PI Must Sign this Box Only.
This request has been prepared in accordance with policy dated March 5, 1990. An urgent need exists to expend funds prior to receipt of a fully executed award.

Principal Investigator _____ Date _____

IF SIGNATURE REQUIRED Dean Must Sign this Box Only.
 The Department Chair has agreed to provide funding for this project in the event that the award is not received or does not coincide with the anticipated performance period. I concur with this action.
 The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request I concur with the Department Chair's recommendation and will provide such funding if required.

Dean _____ Date _____

REQUIRED: Dept Chair Must Sign this Box Only.
 In the event that the award described above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request.
 I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean.

Department Chair or Director _____ Date _____

Post Award Confirmation of all approvals:

Assigned Grant/Fund/Index Numbers _____

Approved by Fiscal Monitor. Initial _____ Date _____
 Grant/Fund Set up. Index Requested. Initial _____ Date _____
 Email of Index to PI & Contact(s) in #11. Initial _____ Date _____
 Return to PreAward to file with Proposal until Award. Initial _____ Date _____