

Notre Dame Research Administration

ADVANCE FUND REQUEST FORM

Updated: March 2021

Lead Principal Investigator: _____

Department: _____

College: _____

Sponsoring Agency: _____

Award No. (if available): _____

Prime Sponsor (if subcontract): _____

Proposal No.: _____

Project Title: _____

Period of Authorization: **FROM** (mm/dd/yyyy) _____ **TO** (mm/dd/yyyy) _____

Expected Award Begin Date: (mm/dd/yyyy) _____

Award Information: **New** **Continuation**

Fund # for Continuation Project: **Fund #:** **Organization #:** **Program #:**

Funding Source: **Federal** **Other** **Pass-through**

Estimated Award Amount: \$ _____ IRB IACUC N/A

Requested Advance Amount: \$ _____

Direct Costs: \$ _____ Indirect Costs: \$ _____

*****Advance amount should include the indirect component. However, in the event an award does not materialize, only direct costs will be reimbursed.*****

Justification: _____

Principal Investigator Certification:

I certify costs incurred will be expended within the sponsor approved performance period and budget categories in accordance with all University, Federal, State, and Sponsoring agency regulations as well as guidelines pertaining to Human Subjects, Animal Subjects, and Conflicts of Interest.

Principal Investigator: _____ Date: _____

Dean Certification:

In authorizing the establishment of this advance fund on behalf of the PI, the College assumes 50% of the financial risk in the event the award is not made by the sponsoring agency, accepted by the University, or if expenditures incurred are found to be unallowable and/or outside of the University, Federal, State, and/or Sponsoring agency regulations.

Dean: _____ Date: _____

Notre Dame Research Authorization:

In authorizing the establishment of this advance fund on behalf of the PI, Notre Dame Research assumes 50% of the financial risk in the event the award is not made by the sponsoring agency, accepted by the University, or if expenditures incurred are found to be unallowable and/or outside of the University, Federal, State, and/or Sponsoring agency regulations.

Grant Program Manager: _____ Date: _____

Director, GPM: _____ Date: _____

Director, RCA: _____ Date: _____