

REQUEST FOR PREAWARD SPENDING IN ABSENCE OF AN EXECUTED AWARD DOCUMENT

(COEUS Routing of proposal must have occurred prior to pre-award account set up)

PROPOSAL/GRANT INFORMATION: eUMB Award #: _____ COEUS Proposal Development #: _____

New

Continuation (New Project ID needed) Prior Project ID #: _____

Extension of Project ID (Project ID stays the same) Current Project ID#: _____

PROJECT INFORMATION

Principal Investigator: _____ PI Empl ID: _____

School: _____ F&A Rate: _____

Department: _____ F&A Rate Type: _____

eUMB Owner Dept Code: _____ F&A Base Type: _____

Sponsor/Agency: _____

Sponsor Type: _____

Proposal Title: _____

UMB's Contact Information:

Name: _____ Telephone: _____

Email Distribution List address: _____

INTENT TO FUND INFORMATION:

Sponsor's Grant/Contract #: _____ Award Amount: \$ _____

Requested Budget Period: _____ Start Date: _____ End Date: _____

This date is (choose one):

Anticipated Start Date of the Award

Date within 90 days prior to the Anticipated Start Date of the Award

Choose one:

Correspondence of intent to award the project has been received (copy is attached); **OR**

Verbal communication has been received and the following has been obtained:

Sponsor Contact Name: _____ Telephone #: _____

I request approval to begin expenditures for the above proposed award on the date indicated above.

Signature of Principal Investigator _____ Date _____

GUARANTEE: In the unlikely event that the award is not made, all expenditures are hereby guaranteed by the Department Chair or Director. The source to cover such expenditures is:

PCBU	Project ID	Owner Dept	Fund	Program

Signature of Dept Chair/Director _____ Date _____

ORD USE ONLY: ORD Approval: _____

CHART STRING CODES FOR NEW PROJECT ID: _____ Date _____

PCBU	Owner Dept	Fund	Program	Award ID

For NIH (NIH Block Identifier (A, B, C, etc) _____ Sponsor ID: _____