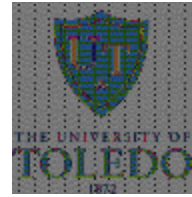




UNIVERSITY OF TOLEDO
RESEARCH & SPONSORED PROGRAMS



RSP109 (7/07)

REQUEST FOR EARLY OPENING OF SPONSORED PROGRAM ACCOUNT

Has Award Notice or fully executed agreement been received? Yes [] No []

If Yes, date received: _____ If No, date expected _____

Sponsoring agency: _____

Agency grant number: _____

Period of Award: Start date: _____ End date: _____

Title of project: _____

Principal Investigator: _____

Department Name: _____

Estimated Award amount (Direct Cost Only): _____

Previous UT account number (if renewal): _____

Estimated amount and purpose of pre-award costs anticipated: _____

Basis for reasonable certainty of Award (explain and attach documentation):

COMPLIANCES/ASSURANCES/CERTIFICATIONS (must be complete prior to opening account)

Table with 4 columns: IACUC #, IRB #, IBC #, and an empty column.

Completed C-O-I Financial Disclosure Forms Submitted/Attached for all Personnel Named in Proposal: [] Yes (These forms must be in RSP prior to opening an Account)

STATEMENT OF RESPONSIBILITY

We request that a sponsored program account be opened in anticipation of receipt of the Notice of Award for the above grant/contract. There is reasonable certainty that this Award will be received with an effective date that will cover all charges to be made to this account. If such an award is not received or if any charges are unallowable as pre-award expenses*, the chairperson and PI agree that all charges to this account will be moved to the departmental account specified below within 30 days.

Principal Investigator Name: (print) _____

Signature _____ Date _____

Department Chair/Dean Name: (print) _____

Signature _____ Date _____

DEPARTMENTAL ACCOUNT # FOR GUARANTEE: _____

*CAUTION: Many sponsors limit pre-award costs to a specified time prior to the Award Date (e.g., NIH limits pre-award costs to 90 days prior to the Budget Period Start Date).

RESEARCH & SPONSORED PROGRAMS and GRANTS ACCOUNTING

RSP Proposal # _____ Compliance Complete? Yes _____ No _____

RSP approval: _____ Date _____ GA approval: _____ Date: _____