**REQUEST FOR ADVANCE FUNDING**

***Marshall University Research Corporation***

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Co-Principal Investigator (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared By (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source: ❒ Federal ❒ State/Local ❒ Private ❒ Other

If funding originated at the Federal level, what is the CFDA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Request (agency approval must be attached):

❒ Agency approved pre-award costs

❒ Project Period Began – Award not received

❒ Continuation on existing award - Banner Fund No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Period indicated by sponsor: Total amount of Award:

\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Period for Advance Funding ***(not to exceed 90 days)***:

\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this project involve any of the following?

❒ Human Subjects - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Animals - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Hazardous Materials - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Radioactive Materials - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ rDNA - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Infectious Agents - If so, is this approved? \_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Bloodborne Pathogens - If so, is this approved? \_\_\_\_\_

Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_

❒ Conflict of Interest – Has the **SFID** (Significant Financial Interest Disclosure Form) been completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Has the Authorization To Submit (ATS) Form been received by MURC? \_\_\_\_\_\_\_\_\_\_\_

# ❒ Attached evidence of pending funding

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

MURC Grants Officer Date

# CERTIFICATION OF DEAN/CHAIR/PRINCIPAL INVESTIGATOR

I hereby certify that there is positive evidence that the proposed sponsor intends to fund this project as described above. These funds are to be budgeted as follows pending receipt of sponsored funds for the project:

Salaries (attach detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Identify Below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Directs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indirects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*MUST ALSO ATTACH DETAILED BUDGET (with narrative) SUBMITTED WITH PROPOSAL\*\*\***

If the agency limits indirects, please provide a copy of the citation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The budget is for the department’s understanding of the commitment being made.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

GUARANTEE: By approving this request, the Department Office recognizes the liability for all expenditures on this advance fund even beyond the 90 days. If the project is not funded by the agency, the Department agrees to guarantee the funding & to transfer all expenditures to the following unrestricted cost recovery having Banner fund/org: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_­­­­­\_\_\_\_\_\_\_

*Chair, Dean, or Vice-President*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

MURC Compliance Date

Banner Fund Number Assigned by MURC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes about completing Advance Funding request:

* **budget** make sure it is not more than 25% of the requested budget (because AF cannot be set up for more than 3 months at a time).
* **Signatures:** PI and dean
* **Default fund/org:**  This is on the second page and is important. The default fund/org is the fund that this will come from in the event that regular funding does not come through.  This is usually a cost recovery fund that the fund “owner” must sign (pg. 2)—typically, this is the dean
* **Grant information:**  title, CFDA, etc.
* **Only PI and team can complete the AF forms, grants officer can not for them**