**KECK SCHOOL OF MEDICINE**

**REQUEST FOR PREAWARD AUTHORIZATION**

Date of Request:

To: Research Administration

Keck School of Medicine

From: Investigator:

Investigator Telephone: (   )    –     Investigator e-mail:

I request approval for:

Advance Funding: From       To

Current USC PPGG Number:       CAYUSE SP Prop #

Preaward Costs\*: From       To

*\*Preaward costs may only be requested for up to 90 days prior to the anticipated award budget period*

Current Budget Period: From       To       Expected Current Award: $

Total Project Period: From       To       Expected Total Award: $

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Object Class | Rate (%) | Amount |
| Salaries & Wages | Sponsored Awards:  Personnel\_Subject\_to\_Fringe\_Benefits |  |  |
| Fringe Benefits | Sponsored Awards: Fringe\_Benefits |  | 0 |
| Stipend | Sponsored Awards: Stipends\_Student\_Aid |  |  |
| Supplies | Sponsored Awards: Materials\_Supplies |  |  |
| Travel | Sponsored Awards: Domestic\_Travel |  |  |
| Subtotal |  |  | 0 |
| F&A | Sponsored Awards:  Facilities\_and\_Administration |  | 0 |
| Equipment | Sponsored Awards: Equipment |  |  |
| In/Out Patient Care | Sponsored Awards: In\_Out\_Patient\_Care |  |  |
| TOTAL |  |  | 0 |

Awarding Agency:

Grant Number:

Project Title:

Agency Contact:

Contact Telephone: (   )    –     Contact e-mail:

If Award is Subcontract

Prime Institution or Agency:

Select USC C&G Administrator:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification for request:      .

Principal Investigator Department Chair\* Dean

           

Date Date Date

***Note:*** *The financial risk for expenses incurred during Pre-Award Spending/Advance Funding is with the PI’s Department.  In some cases, a non-sponsored back-up account may be requested for this purpose prior to advance funding approval.*