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| **SPONSORED PROJECTS ADMINISTRATION** |
| **UNIVERSITY OF CALIFORNIA, IRVINE** |
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| **REQUEST FOR APPROVAL TO SPEND FUNDS (RAS)** |
|  |
| 1. Principal Investigator: |       | Department: |       |  |
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| 2. Funding Agency: |       |  |
|  |
| 3. Project Title: |       |
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| 4. Anticipated award will be a [ ]  Grant [ ]  Cost Reimbursement Contract [ ]  Fixed Price Contract |
|  |
| 5. Anticipated award will be: [ ]  New [ ]  Renewal [ ]  Continuation |
|  |
| 6. If award is a continuation of an existing project, indicate award no.: |       | fund no.: |       |
|  |
| 7. The anticipated award is to begin  |       | and end |       | Total funds anticipated $ |       |
|  |
| 8. Request to spend is for the period       to       in the amount of $      . |
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| 9. Person to contact for questions concerning this request:        | Telephone no.:       |
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| 10. Description of request and justification:       |
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| 11. Certification and Approvals: This request has been prepared in accordance with Sponsored Projects Manual. Confirmation of commitment from funding agency: An urgent need exists to expend funds prior to receipt of a fully executed award. Is anticipated award under the FDP? [ ]  Yes [ ]  No Is anticipated award a Federal Flow-Through? [ ]  Yes [ ]  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator Date [ ]  In the event that the award described is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request. [ ]  I am unable to provide funding for losses in incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the  Dean. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Chair of ORU/IRU Director Date [ ]  The Department Chair has agreed to provide funding for this project in the event that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the award is not received or does not coincide with the anticipated performance CONTRACTS OFFICER DATE period. I concur with this action. [ ]  Approved [ ]  Disapproved [ ]  The Department Chair/Director has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ concur with the recommendation and will provide such funding if required. DIRECTOR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean, Director or Vice Chancellor Date DATE |
| (For Accounting Office Use Only) |
|  |
|  Account and Fund No.       | Assigned by       | Date       |
|  SPA 108 Rev. 2/97  |