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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: | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| 2. Funding Agency: | |  | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| 3. Project Title: |  | | | | | | | | | | | | | | | |
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| 4. Anticipated award will be a  Grant  Cost Reimbursement Contract  Fixed Price Contract | | | | | | | | | | | | | | | | |
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| 5. Anticipated award will be:  New  Renewal  Continuation | | | | | | | | | | | | | | | | |
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| 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 $      . | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 9. Person to contact for questions concerning this request: | | | | | | | | | Telephone no.: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 10. Description of request and justification: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |