

Request to Establish a Contingent Grant Account

SP # _____

This form is to be used when EVMS is committed to provide services or funding, but the award or contractual paperwork has not been signed by all parties and on file in EVMS' Office of Sponsored Programs.

General Information:

Type of Award: _____ Reason for Request (1): _____

Source of Funds: _____ Reason for Request (2): _____

***** Accounts for new Federal direct or pass through grants will not be set up without award documentation, reason for request and basis for reasonable certainty of award. *****

Additional Explanation: *If IRB or IACUC approval is required, you must explain what expenses are to be covered.*

Sponsor/Immediate Source of Funding:

Sponsoring Agency/Institution/Company: _____ Grant/Award No. (If known): _____

Point of Contact Name: _____ Telephone Number: _____

***** Full Sponsoring Agency, Institution, or Company information must be provided on draft subaward/budget. *****

➤ **Attach Commitment Letter / Draft Contract/ Subaward**

➤ **Attach Budget**

Initial Funding Expected		Contingent Funding Requested	
Direct Costs Budget:		Direct Costs Budget:	
Indirect Costs Budget:		Indirect Costs Budget:	Not Applicable
Start Date:		Start Date:	
End Date:		End Date:	

CERTIFICATION

I request that a contingent grant account be established based on a proposal submitted to the funding agency/institution/company indicated above or a subaward payment. I confirm there is reasonable certainty that an award/subaward will be received with the funding and period of performance as stated above. I understand this request allows expenditures to be charged to the contingent grant account for a maximum of 2 months and further certify that sufficient funds exist in the referenced non-core / internally designated account to cover cost incurred during this period in the event an award is not issued.

AUTHORIZATION

If the award/ subaward is not received within 2 months, OSP and Grants Accounting will work with the Department/ Principal Investigator to determine the appropriate action to be taken. In the event an award is not issued within a reasonable time and after all efforts to execute/finalize the requirements of an award, OR if the award is not received at all, I authorize Grants Accounting to charge all cost incurred on the contingent account, to the non-core / internally designated account _____.

Principal Investigator Name: _____ Signature: _____ Date: _____

Department Chariman Name: _____ Signature: _____ Date: _____

Office of Sponsored Programs: _____

Date: _____

Office of Grants Accounting: _____

Date: _____