

UNTHSC Office of Sponsored Programs

At-Risk Account Request Form - Instructions

Version Date: 07/23/2020

Field	Instructions
Section I - Demographic Information	
Does the Sponsor allow Pre-Award Spending?	If this answer is no, the rest of the form is locked because the at-risk account request will not be approved.
Principal Investigator	Enter the full name ("John Q. Smith") of the PI for the project.
Department Name	Enter the name of the PI's home department or the department that has responsibility for the administration of this proposal and any subsequent funding.
FRST/Dept Admin Name	Enter the name of your FRST/Dept Admin contact who will be responsible for administering the account.
FRST/Dept Admin Phone	Enter the phone number of your FRST/Dept Admin contact who will be responsible for administering the account.
Section II - Project and Sponsor Information	
Project Title	Enter the full title of the project/proposal.
Sponsor Name	Enter the name of the sponsor.
Sponsor Award # (if known)	If known, enter the expected award number to be issued by the sponsor for this funding.
Originating Sponsor, if UNTHSC is a Subrecipient	If the anticipated funding to UNTHSC will be in the form of a subaward, indicate the name of the prime source of funding e.g. NIH, NSF, etc.
Section III - Compliance Requirements	
Does the Research involve Human Subjects?	Indicate "Yes" or "No" as to whether the project will involve human subjects. If "Yes", indicate the protocol number(s) and congruency date(s). If this information is not included it will be sent back to the department to complete.
Does the Research involve Animal Subjects?	Indicate "Yes" or "No" as to whether the project will involve animal subjects. If "Yes", indicate the protocol number(s) and congruency date(s). If this information is not included it will be sent back to the department to complete.
If there is more than one protocol associated with this research, please identify them on an additional sheet listing each and the congruency dates for each.	
Section IV - Award Information	
Type of At-Risk Request	Select "Pre-Award" if you are requesting the use of funds in advance of the award coming in house, AND the sponsor allows pre-award costs to be expended. Select "Awaiting Notice of Award/Contract" if the start date has passed but the sponsor is delayed in issuing an NOA or contract negotiation/execution is taking longer than expected.
At-Risk Request Justification	Provide justification for 'At-Risk' account request. The justification should include documentation of imminent funding, such as copies of a letter of intent from the Sponsor or a partially executed agreement. Attach 90 day detailed budget, personnel effort and start date of At-Risk account.
Anticipated Award will be	Indicate whether the anticipated award will be "New", "Renewal", or "Continuation funding (to an existing award/subaward)".
Anticipated Award/Subaward Start Date	Enter the anticipated date sponsor is expecting to make funding available.
Anticipated Award/Subaward End Date	Enter the expected end date of the project (including all years of anticipated support).
F&A Rate	Enter the F&A Rate that is being used to calculate the F&A costs.
Does this request require Cost Sharing?	Indicate whether the request requires Cost Sharing.
Section V - Statement of Responsibility for Requesting an Account	
Source of Departmental Funds (Chart string for use should this project not be funded)	Provide the appropriate chart string to be used for this account, in the event the award is not received.
Approval Signatures - Route Form and Supporting Documentation via DocuSign in this Order:	
Principal Investigator	Type the name of the PI requesting the account.
PI Signature*	Signature of the PI requesting the account.
PI Signature Date	Date on which the PI requesting the account signed this form.
Department Chair	Type the name of the Department Chair who is approving this request.
Department Chair Signature*	Signature of the Department Chair who is approving this request.
Chair Signature Date	Date on which the Department Chair signed this form.
Dean	Type the name of the Dean who is approving this request.
Dean Signature*	Signature of the Dean who is approving this request.
Dean Signature Date	Date on which the Dean signed this form.
Director of Awards	Type the name of the Director of Awards who is approving this request.
Director Signature*	Signature of the Director of Awards who is approving this request.
Director Signature Date	Date on which the Director of Awards signed this form.
Section VI - For OSP Use Only	
Signature of OSP Post Award Reviewer*	Signature of the Post-Award Specialist who reviewed the form.
Date	Date on which the Post-Award Specialist signed the completed form.
Signature & Date of Director of Award Management	Name and date of the OSP Director of Award Management approving the At-Risk account.

*All signatures should be routed through DocuSign.

OFFICE OF SPONSORED PROGRAMS

UNT HEALTH SCIENCE CENTER

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Please attach a copy of Requested At-Risk Budget on OSP Budget Template

Project ID: _____

Preview Question

Does the Sponsor allow Pre-Award Spending? Yes No **If no, stop - this form will not be approved.**

Section I - Demographic Information

Principal Investigator: _____

FRST/Dept Admin Name: _____

Department Name: _____

FRST/Dept Admin Phone: _____

Section II - Project and Sponsor Information

Project Title: _____

Sponsor Name: _____

Sponsor Award # (if known): _____

Prime Sponsor, if UNTHSC is Subrecipient: _____

Section III - Compliance Requirements

Does the Research involve Human Subjects?

Yes No

If Yes, enter protocol #s and congruency date(s): _____

Does the Research involve Animal Subjects?

Yes No

If Yes, enter protocol #s and congruency date(s): _____

If there is more than one protocol associated with this research, attach additional list of protocol numbers and congruency dates.

If no approvals are in place, provide justification for starting work prior to approval.

Section IV - Award Information

Type of At-Risk Request: _____

Pre-Award

Awaiting Notice of Award/Contract

At-Risk Request Justification (Attach 90 day detailed budget, personnel effort and start date of At-Risk account): _____

Anticipated Award will be: _____

New

Renewal

Continuation funding (to an existing award/subaward)

Anticipated Award/Subaward Start Date: _____

Anticipated Award/Subaward End Date: _____

F&A Rate: _____

Does this request require Cost Sharing? Yes No

Section V - Statement of Responsibility for Requesting an Account

We request an At-Risk account be created in support of the proposal identified above. There is reasonable certainty that an award will be received with an effective date that will cover the charges made to the account. If such an award is not received, we agree that the funding source below can be charged for expenses incurred.

Source of Departmental Funds (Chart string for use should this project not be funded): _____

Approval Signatures

Principal Investigator

PI Signature

PI Signature Date

Department Chair

Department Chair Signature

Chair Signature Date

(If PI is the Chair, the Dean's signature is required)

Dean

Dean Signature

Dean Signature Date

Section VI - For OSP Use Only

OSP Post Award Signature: _____

Date: _____

Director Sign & Date: _____