



Office of Sponsored Programs RISK ACCOUNT REQUEST/APPROVAL FORM

Please complete this form, including signatures by Principal Investigator (PI) and Dean's Office/Director of administering unit. Send the completed and signed copy to OSP@american.edu and attach a signed PI Acknowledgement form.

Request for:

- A Risk Account
- Pre-Award Costs

Project Title: _____

Proposal Number: _____ or AU Grant Account Number: _____

Principal Investigator: _____ Sponsor: _____

Requested Start Date for Risk Account: _____ Requested End Date: _____
(Date cannot exceed 90 days from requested start date)

Anticipated Value of Award: \$ _____
(Attach a budget for anticipated value of the award)

Recovery Account Number*: ____ - ____ - **XXXXX** - ____

*This account number will be charged if the award to the University does not occur or if the financial risk must be assumed by the PI's academic unit.

***Sponsor's contact information: (if known)**

Name/Title: _____

Telephone Number: _____

Email: _____

Fax Number: _____

*(*To be used to verify pending award)*

We hereby authorize the Office of Sponsored Programs (OSP) and Grants and Contracts Accounting (GCA) to initiate action to assign and establish an account number to be used for incurring cost for the above project.

The Principal Investigator/Project Director (PI/PD) school/college accepts financial responsibility to reimburse campus central accounts should an award or amendment not materialize. The PI/PD/school/college is responsible for any deficit that might result if an award or amendment is not forthcoming or for any unallowable costs incurred if the pre-award cost period exceeds sponsor rules.

Signatures

Principal Investigator

_____ Date: _____

Dean's Office

_____ Date: _____

Vice Provost for Research/Dean of Graduate Studies

_____ Date: _____