

## SCRIPPS ADVANCE APPROVAL TO SPEND REQUEST

Office of Contract and Grant Administration, SIO  
University of California, San Diego

Principal Investigator _____	Division/Oru _____
UCSD Proposal Number _____	Agency Name (prime sponsor) _____
Division/ORU Contact _____	Sponsor Name Pass-through entity _____
Email _____	
Phone _____	
Project Title _____	

Anticipated Type of Award (check all that are applicable):  Grant  Cooperative Agreement  Contract  
 Flow-through  Cost-reimbursement  Fixed price

Type of Proposal:  New  Renewal  
 Chart String: must be non-federal/unrestricted \_\_\_\_\_

### Proposed Advance Approval Expenditures

### Agency and Award Information

Salaries and Benefits/Salary Recharge	\$ _____	Anticipated Award Amount	_____
Supplies and Expenses	\$ _____	Anticipated Award Begin Date	_____
Equipment	\$ _____	Anticipated Award End Date	_____
Travel	\$ _____	Advance Approval to Spend Begin Date	_____
(describe any other cost)	\$ _____	Advance Approval to Spend End Date	_____
F&A Base _____ x F&A Rate _____ = Total F&A	\$ _____	Current Sponsor Award Number	_____
Total Proposed Advance Approval Expenditures	\$ _____	Current Project End Date	_____
		Current Fund Number	_____

Reason for requesting an Advance Approval to Spend: \_\_\_\_\_

	Yes	No
Are there any Human Subjects?	_____	_____
Are there any Animal Subjects?	_____	_____
Is 90-day pre-award spending allowed?	_____	_____
Are all PI Exceptions approved?	_____	_____
Are all COI disclosures submitted?	_____	_____
How was Export Control indicated in KR?	_____	_____

I approve this request and confirm that the alternate fund provided above is a non-federal/unrestricted source which can be used to absorb costs should the award not be made.

Approved by:  
Signature \_\_\_\_\_

Division/ORU MSO name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:  
Signature \_\_\_\_\_

Division Chair/ORU Director name: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with University policy, an urgent need exists to expend funds prior to receipt of the fully-executed award.

Signature \_\_\_\_\_

PI name: \_\_\_\_\_ Date: \_\_\_\_\_

**Contract and Grant Officer Review**

Agency contact name: \_\_\_\_\_  
Agency contact title: \_\_\_\_\_  
Agency contact email or phone: \_\_\_\_\_  
Agency Award Status: \_\_\_\_\_

If agency award terms do not automatically authorize 90-day pre-award spending, has written permission to spend in advance of the award been received from the agency contract and grant officer? \_\_\_\_\_

Is IRB approval for human subjects needed and if so, is the approval in place? \_\_\_\_\_

Is IACUC approval needed and if so, is the approval in place? \_\_\_\_\_

Describe any certification requirements and if/how they have been met: \_\_\_\_\_

Has the UCSD Export Control Office made its determination? \_\_\_\_\_

Describe commitment or confirmation by sponsor as well as known risks and any other issues or discussion points:

Endorsed:

Signature \_\_\_\_\_  
Contract and Grant Officer name      Date

REQUEST APPROVED

\_\_\_\_\_  
Assistant Vice Chancellor Marine Sciences      Date