Date:

**To:** Comptroller’s Office

**From:** Office of Sponsored Research

**REQUEST FOR PREAWARD PROJECT NUMBER**

Our office has received a request to issue a project number to which expenses may be charged. This request is for a project entitled       under the direction of       in the       Center or Division/Department.

To initiate/continue effort on this project, it will be necessary for the Project Director/Principal Investigator to have access to an account prior to actual award. **It is understood that the originating unit’s resources will be used to reimburse the UB central accounts for any resulting deficit if for any reason the agreement does not materialize.** In cases where the originating unit lacks the resources to assume this risk, the Office of the Provost will assume on their behalf, with prior approval.

Department number to be charged if agreement is not signed:

**TO THE REQUESTING UNIT:** Please return the original of this executed letter to the Director of Sponsored Research. A project number cannot be issued until the Office of Sponsored Research receives this document and a complete copy of the proposal and routing form is on file.

Sponsor:       Sponsor POC Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator/ Date Center Director Date

Project Director (if different from PI)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Reporting Line Date

New Grant (Y/N)

Renewal (Y/N)      If yes, renewal of Project #

Start Date       End Date

Amount Approved to spend during the pre-award period:

Indirect Cost Rate       Indirect Cost Base

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Sponsored Research Provost