

**EXPANDED PRIOR APPROVAL AUTHORITIES**

DISTRIBUTION: ORIGINAL to file  
Principal Investigator  
Extramural Accounting  
Business Officer  
Equipment Manager

Principal Investigator \_\_\_\_\_ Department \_\_\_\_\_  
Agency \_\_\_\_\_ Grant No. \_\_\_\_\_  
Account and Fund No. \_\_\_\_\_ SC # \_\_\_\_\_  
Budget Period Affected (dates) \_\_\_\_\_ through \_\_\_\_\_

**Is this award under the Federal Demonstration Partnership (FDP)?** YES NO

**Approval is requested for the following action(s):**

- Pre-award Spending:** award has been received and spending required prior to start date
- Firm Commitment:** award has not been received and spending required prior to start date
- Firm Commitment:** award has not been received and spending required after start date  
Permission is requested to expend funds up to \$\_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_ for salaries, fringe benefits, domestic travel, foreign and associated indirect costs as outlined on the attached budget. Advance funding is necessary for the effective and economical conduct of the research.

Funds expended under the authority are guaranteed by \_\_\_\_\_

- Establishing relatedness between FDP awards.**
- No-Cost Time Extension** for \_\_\_ months. There remains approximately \$\_\_\_\_\_ under the grant (direct and indirect). **Use reverse side or attach separate document to report progress to date and how remaining project funds will be used.** The Sponsored Projects Administration Analyst will notify the sponsor.

**Certification and Approvals:**

The scientific technical, and/or managerial need and propriety of the request has been reviewed and approved.

This action has been reviewed and approved

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Unit Business Officer Date

This action has been reviewed with respect to funding agency, FDP, and University policies and is authorized.

\_\_\_\_\_  
OSP Analyst Date

Rev. 4/15/03

**FIRM COMMITMENT DOCUMENTATION**

Date of conversation \_\_\_\_\_  
Telephone number \_\_\_\_\_

Person with whom I spoke \_\_\_\_\_  
Person's title \_\_\_\_\_

Anticipated award start date:

Anticipated award receipt date:

Award Number:

Type of Award

Grant

Cooperative Agreement

Contract

Subcontract

Comments Regarding the award:

**BREAKDOWN OF ADVANCE FUNDING**

Salaries and Wages \_\_\_\_\_

Fringe Benefits \_\_\_\_\_

Domestic Travel \_\_\_\_\_

Foreign Travel \_\_\_\_\_

Equipment \_\_\_\_\_

Participant Support \_\_\_\_\_

Supplies/Expenses \_\_\_\_\_

GSHIP/Fees \_\_\_\_\_

Tuition \_\_\_\_\_

Total Direct Cost \_\_\_\_\_

MTDC Base \_\_\_\_\_

Rate \_\_\_\_\_

Indirect Cost \_\_\_\_\_

**TOTAL COSTS** \_\_\_\_\_