

**REQUEST FOR A TEMPORARY PROJECT ID IN ABSENCE OF AN EXECUTED AWARD**  
**(Kuali Research routing of proposal must have occurred prior to pre-award account set up)**

**PROPOSAL/GRANT INFORMATION:**

New (No Quantum Award and Project ID have ever been set up)

Continuation (additional time + funds)  Prior Project ID: \_\_\_\_\_

Extension (additional time ONLY)  Current Project ID: \_\_\_\_\_

Please select one:                      New Project ID requested                      Same Project ID requested

Committed Cost Share required                      Over Salary Cap Cost Share required

**PROJECT INFORMATION:**

KR Institute Proposal No.: \_\_\_\_\_ F&A Rate: \_\_\_\_\_ F&A Rate Type: \_\_\_\_\_

Quantum Award : \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

**UMB's contact Information:**                      Name: \_\_\_\_\_

Email Distribution List address: \_\_\_\_\_

**INTENT TO FUND INFORMATION**

Sponsor's Grant/Contract #: \_\_\_\_\_ Award Amount: \_\_\_\_\_

Budget Period: \_\_\_\_\_ to \_\_\_\_\_ Cost Basis: \_\_\_\_\_

*This Date is (choose one):*

Anticipated Start Date                      or                      Date within 90 days prior to the Anticipated Start Date

**I request approval to begin expenditures for the above proposed award on the date indicated above.**

Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

**If an Intergovernmental Personal Agreement (IPA) for work at VA, Dean's Signature is required.**

Signature of Dean or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**GUARANTEE: In the unlikely event that the award is not made, all expenditures are hereby guaranteed by the Department Chair or Director. The source to cover such expenditures is:**

Source	Owner Org	Activity	Purpose	Function

Chair or Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

SPA Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**SPAC USE ONLY:**

Source	Owner Org	Activity	Purpose	Function