

Washington University Prior Approval Request

Date _____ Dept. # _____ Fund # _____
 School(HT ONLY) _____ P.I. or Program Director _____
 Dept. _____ Grants Budgeting Doc # _____
 Agency _____ Agency Number _____
 If a subcontract, is the awarding agency receiving Gov't funds? **If 'Yes'**-Agency Name _____
 Direct \$ _____ or Total \$ _____ Budget Period _____ to _____
 Project Title _____
 Department contact for Prior Approval Questions: *Name/Phone* _____

PRE-AWARD COSTS* Pre-Award Start Date: _____
 Up to 90 days before budget period start date at grantee risk.

PROJECT ACTIVATION*
 Establishes account for budget year. Award notice not received or not expected to be received by requested start date.

AWAITING AGENCY APPROVAL* Attach letter submitted to agency.
 Agency approval to a request not received or not expected to be received by required date.
 This approval form is only good for a maximum of 90 days after internal approval signatures are obtained. If agency approval is not received within 90 days, this form may be renewed for a second 90 days.

Agency Contact Person _____ Agency Phone Number/Email Address _____

***COMPLETE GUARANTEE ACCOUNT NUMBER for above request (LC-DEPT-FUND):** _____
If the project is not funded or purchase approval is denied, this departmentally approved account will be charged for any expenditures.

Costs normally considered F&A and not requested in the federal budget submission. Explain unlike circumstances below.

<input type="checkbox"/> ADMIN/CLERICAL SALARIES	<input type="checkbox"/> OFFICE SUPPLIES	<input type="checkbox"/> LASER PRINTER SUPPLIES
<input type="checkbox"/> RESEARCH OFFICE SUPPLIES	<input type="checkbox"/> POSTAGE	<input type="checkbox"/> LOCAL TELEPHONE
<input type="checkbox"/> DATA LINES	<input type="checkbox"/> MEMBERSHIPS	

For Admin/Clerical Salaries (attach additional sheets if necessary):
 Name _____ % Effort _____ Project Role _____

DESCRIBE AND JUSTIFY why this action is necessary to achieve project objectives (attach additional sheets if necessary):

ACTION APPROVED BY:	(first 90 days)	(second 90 days)	(third 90 days)
	Date	Date	Date
Principal Investigator _____	_____	Initialed _____	Initialed _____
Department Chair _____	_____	Initialed _____	Initialed _____
Dean (HT ONLY) _____	_____	Initialed _____	Initialed _____

CENTRAL ADMINISTRATION USE ONLY

_____ Verified _____ Cumulative _____ Grant _____ Fixed Price _____ Cost-Reimb _____ Gov't Agency _____ Gov't Prime

REMARKS: _____

G&C/RO/OTM _____ Date _____ Initialed _____ Date _____

cc: SPA _____ RO _____ Dept. _____ OTM _____

Prior Approval Exp. Date _____