



Office of Sponsored Awards and Research Administration

RISK ACCOUNT REQUEST/APPROVAL FORM

Please complete this form, including signatures by Principal Investigator (PI) and Dean's Office/Director of administering unit. Send the completed and signed copy to osara@american.edu.

Request for:

- A Risk Account
- Pre-Award Costs

Project Title: _____

Proposal Number: _____ or AU Grant ID Number: _____

Principal Investigator: _____ Sponsor: _____

Requested Start Date for Risk Account: _____ Requested End Date: _____
(Date cannot exceed 90 days from requested start date)

Anticipated Value of Award: \$ _____
Attach a budget for the anticipated value of the award

Recovery Account Information*: _____ FN02
Cost Center Fund NACUBO Program/Gift/Project

*This cost center will be charged if the award to the University does not occur or if the financial risk must be assumed by the PI's academic unit.

***Sponsor's contact information: (if known)**

Name/Title: _____

Telephone Number: _____

Email: _____

*(*To be used to verify pending award)*

We hereby authorize the Office of Sponsored Awards and Research Administration (OSARA) to establish a Grant in Workday to be used for incurring no more than ____ of the above anticipated funding for this risk account request. The amount of this risk account will not exceed _____.

The Principal Investigator/Project Director (PI/PD) school/college accepts financial responsibility to reimburse the university should an award or amendment not materialize. The PI/PD/school/college is responsible for any deficit that might result if an award or amendment is not forthcoming or for any unallowable costs incurred if the pre-award cost period exceeds sponsor rules.

Signatures

Principal Investigator

Date: _____

Dean's Office

Date: _____

Director, Office of Sponsored Awards and Research Administration

Date: _____