

REQUEST FOR ADVANCE PROJECT NUMBER

FROM: _____	School/Lab/Center _____	Phone _____
PROJECT TITLE: _____		
SPONSOR: _____		
Reason for Requesting Advance Project Number: _____		
Brief narrative of evidence indicating that sponsor will fund project: _____		
Starting date indicated by Sponsor: _____	Total Amount of Award: _____	_____

CERTIFICATION OF SCHOOL/LAB/CENTER DIRECTOR

I hereby certify that there is positive evidence that the proposed sponsor intends to fund this project as described above. In the event the sponsor funding for this project is not received, sufficient institutional funds are available in my administrative unit to cover charges against an advance project number not to exceed \$_____ for the period beginning ___/___/___ and ending ___/___/___. These funds are to be budgeted as follows, pending receipt of sponsored funds for the project. I further certify that no deliverables will be made prior to contract award.

PRELIMINARY BUDGET

Budget Item	Expenditure Limit
Salaries & Wages	
Compensated Absences (GTRI only)	
Fringe Benefits	
Lab Overhead (GTRI only)	
Material and Supplies	
Travel	
Other Operating Expenses (GTRI only)	
Equipment	
Subcontracts	
Overhead (RI) or G&A (GTRI)	
Total	\$0.00

Signature of Lab/School/Center Director: _____ Date: _____

Dean/Director, GTRI/Director, Concurrence: _____ Date: _____

Approval of Director, OSP: _____ Date: _____

Project Number assigned by OSP: _____ Date: _____

Distribution by OSP: Administrative Coordinator, Accounting (original plus one copy); GTRC/GTARC; Project File; MAPS, other