

Advance Project Number Request Form

Directions: Submit this form with all signatures and attachments to your contracting officer. For more information, please see: <https://policylibrary.gatech.edu/research/2.7-advance-project-number>

PD/PI Name: _____

School/Lab/Center: _____

Project Title: _____

Sponsor Name: _____

Anticipated Award Start Date: _____ Period Covered by Request: _____

Expected Award Amount: _____ Funds Requested: _____

Type of Request:

Type A: Limited to 90 days (must satisfy all of the below)

- The award is a new award or competing-continuation award funded by the U.S. government.
- The terms and conditions of the anticipated award permit 90 calendar day pre-award costs **OR** OSP has received a Pre-Contract Cost Authorization Letter or Authorization to Proceed Letter from the Sponsor's Contracting Representative. The pre-award costs requested are necessary to conduct the project and allowable under the terms of the anticipated award.
- Attach evidence from sponsor indicating when an award will be made.

Type B:

- Type "A" conditions cannot be met, but the PI and the department/unit are willing to accept the additional risk involved. The department/unit **must** proactively identify a discretionary project number to clear any deficit that might result if the award is not received or a mutually acceptable agreement with the sponsor is not possible.
- Discretionary Project Number: _____

Certifications

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.

Principal Investigator:

Date:

Departmental Business Official

Date:

Sponsored Project Support Director (GTRI Only)

Date:

School Chair/GTRI Lab Director

Date:

Director, Office of Sponsored Programs:

Date:

Project Number Assigned by OSP:

Date:

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)	
Tuition Remission	
Equipment	
Subcontracts	
Overhead (RI) or G&A (GTRI)	
Total \$	

Additional Explanation