

UNIVERSITY OF HAWAII
Office of Research Services**Request for Advance Account Approval**Initial Request ☐Request for Extension ☐

Principal Investigator:

College/Department or Division:

Project Title:

Sponsoring Agency:

Grant Number:

Existing UH Project Account Code(s):
(If applicable)

Project period for which advance funding being requested

From:

To:

Advance Funding Period (Maximum not to exceed 3 months):

From:

To:

Advance Funds Requested (Advance Budget attached): \$

Funding Assurance by Official

Agent of Sponsor

Name:

(Documentation attached)

Title:

Phone/Email:

Justification for Advance Funding:

All Key Personnel on this project have disclosed any Significant Financial Interests (SFI) related to their UH responsibilities in accordance with E.5.214, APM A5.504 and APM A8.956. Any SFI that was deemed to be a Financial Conflict of Interest has been managed, reduced or eliminated.

If this is a PHS-funded project, I certify that all Key Personnel have completed the ORS FCOI training in accordance with APM A8.956.

Principal Investigator: _____
(Signature & Date)

Department Chair: _____
(Signature & Date)

Advance account acknowledged by:

Fiscal Authority: _____
(Signature & Date)

If the award is not finalized or expenditures are disallowed, I understand and agree that my department will be responsible for covering these costs. I authorize the ORS to charge the unrestricted account listed below.

Chancellor/Dean/Director: _____
(Signature & Date)

Department KFS Account to be Charged: _____

Attachments:

Budget for Advance Funding Period