ORS Form 1 Rev. Jan 2016

UNIVERSITY OF HAWAII Office of Research Services

Request for Advance Account Approval

Initial Request 🔝	Request for Extension	າ∐	
Principal Investigator:			
College/Department or Division:			
Project Title:			
Sponsoring Agency:			
Sponsor's Award Number:			
Existing UH Project Account Code(s) an myGRANT Proposal ID if applicable:	d		
Project period for which advance funding	g being requested	From:	То:
Advance funding period (maximum not t	o exceed 3 months):	From:	То:
Total funds requested (attach Advance I	Budget):	\$	
Funding Assurance by Official Agent	of Sponsor		
Name:			
Title:			
Phone/Email address:			
Justification for Advance Funding (documentation attached):			
			ts (SFI) related to their UH responsibilities in nflict of Interest has been managed, reduced or
If this is a PHS-funded project, the PI ce	ertifies that all Key Personnel h	ave completed ORS FCOI train	ning in accordance with AP 8.956.
Compliance Protocols			
Are research protocols required? (e.g. I/			
If yes, have research protocols been rec			
If no, contact your assigned ORS C&G splace.	Specialist for more information	. No activity requiring protocol	approvals can take place until approvals are in
Principal Investigator (Signature and Da	te):		
Department Chair (Signature and Date):			
Advance account acknowledged by: Fiscal Administrator (Signature and Date	e):		
·	· ·	, ,	ent will be responsible for covering these costs and
authorize ORS to charge this unrestricte	ed Department KFS Account		
Chancellor/Dean/Director (Signature and	d Date):		
Attachments: Budget for Advance Fundi	ing Period		