

# Request for Advance Account Approval

All fields required to be completed if applicable. Digital online system available at <https://go.hawaii.edu/FYT>

## GENERAL INFORMATION

Advance Number (1st, 2nd, etc.): \_\_\_\_\_ Attn: ORS CG Accountant # \_\_\_\_\_ (see assignments at <https://go.hawaii.edu/FYu>)  
Campus, College or Major Org. Unit, and Division: \_\_\_\_\_  
Submitter's Name, Phone#, and Email: \_\_\_\_\_

## PROJECT DETAILS

KFS Award # \_\_\_\_\_ KFS Account #(s) \_\_\_\_\_ (If using pre-existing accounts)  
myGRANT Proposal or Award ID # \_\_\_\_\_ Principal Investigator: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_ Sponsor's Award # \_\_\_\_\_  
Federal Passthrough Award?: YES / NO Federal Agency (if passthrough): \_\_\_\_\_  
Advanceable Project Period: \_\_\_\_\_ through \_\_\_\_\_ Advanceable Project Award Expected: \$ \_\_\_\_\_

## ADVANCE DETAILS

Check box(es) and enter details of **NEW** advances requested for this increment submittal. Incremental limits per new advance request:  
- Time: Up to 3 months.  
- Budget: Up to 25% or 3-month proration of the project award, whichever is less.  
- Proration Formula:  $[Total Project Award \$ \div Total Project Months] \times 3$   
Advance Period Start and End Dates (MM/DD/YY): \_\_\_\_\_ through \_\_\_\_\_  
Advance Budget: \$ \_\_\_\_\_ (Attach detailed budget)  
PI Change. Name of PI Being Replaced: \_\_\_\_\_ (Attach sponsor's written approval)

## COMPLIANCE SELF-CERTIFICATION (Both boxes MUST be checked off to submit this form)

The Principal Investigator(s) hold current BOR appointment period(s) that match or exceed the requested advance period. If not, department certifies that the PI's appointment(s) shall immediately be extended to meet this requirement.

No research protocols (e.g., IACUC, HSP, etc.) are required for this project. If required, all approvals are received, waived, or granted exceptions. PI certifies that work requiring research protocol approvals will NOT be conducted until approvals are received.

## JUSTIFICATION OR COMMENTS FOR ADVANCE

## DEPARTMENT APPROVERS (Signature, Printed Name, and Date)

Department assumes all risks of the advance, including but not limited to non-payment by sponsor.

Department is responsible for any resulting ramifications and liabilities.

The approvers listed below certifies all information provided is accurate and truthful, they shall adhere to AP 12.405 at all times, and they are University of Hawaii employees and/or Board of Regents appointees holding the authority of their respective role.

Principal Investigator: \_\_\_\_\_  
Department Chair: \_\_\_\_\_  
Fiscal Administrator: \_\_\_\_\_  
Chancellor/Dean/Director: \_\_\_\_\_

Unrestricted Department KFS Account # \_\_\_\_\_  
If the award is not finalized or expenditures are disallowed, Chancellor/Dean/Director and Fiscal Administrator understand and agree that their department will be responsible for covering all costs and authorize ORS to charge this unrestricted department KFS account.