Reset Form

SPONSORED RESEARCH SERVICES

# Interim Funding Request Form

Interim Funding Type New

Principal Investigator: _____ System Member: 02-TAMU

Department: _____ Maestro No. _____

Sponsor: _____ Account No. _____

Prime Sponsor: _____ Proposal No. _____

Period of Performance for Interim Funding From: _____ To: _____

## Eligibility - Per Member Guidance

- ☐ Proposal is fully routed and approved
- ☐ Project personnel are FCOI compliant *(TAMU 15.01.03.M1)*
- ☐ Notification Received from the Sponsor's Authorized Official
- ☐ Confirmed Start Date: _____ *(Attach backup)*

*To be verified by SRS Assistant Director:*

- ☐ Sponsor is not on State of Texas Vendor Hold
- ☐ Sponsor is not delinquent (91 days late) in payment on any SRS project

All necessary research compliance assurances are complete:

- ☐ FCOI
- ☐ Export Controls
- ☐ Radioactive Materials
- ☐ IBC
- ☐ IRB
- ☐ IACUC

Other:

Additional Notes:

## Budget Information

Expected Award Amount: _____ Interim Funding Amount Previously Approved: _____

| Budget Category | | | | Amount |
|---|---|---|---|---|
| Salaries & Wages | | | | |
| Fringe Benefits | | | | |
| Travel | | | | |
| Supplies | | | | |
| Equipment | | | | |
| Other: | | | | |
| Indirect Cost | Base: | | Rate: | 0.00% |
| **Total Funds Requested for this Action** | | | | $ 0.00 |

PA/AD Notes:

Project Administrator _____ Date _____
Signature of Project Adminstrator

SRS Assistant Director _____ Date _____
Signature of SRS Assistant Director

*****For Interim Funding in excess of $30,000 direct costs*****

IF THE ANTICIPATED AWARD FOR THIS INTERIM FUNDING IS NOT RECEIVED, OR IF EXPENDITURES ARE UNALLOWABLE OR DISALLOWED BY THE SPONSORING AGENCY, I CERTIFY THAT THE EXPENSES INCURRED UNDER THIS INTERIM FUNDING ACTION MAY BE BILLED TO THE BACKUP ACCOUNT. I FURTHER CERTIFY THAT FUNDS IN THIS ACCOUNT ARE FROM A NON-SPONSORED SOURCE

Backup Account No. _____ _____
Print Name of Authorized Individual on Backup Account

Responsible Dept. _____ _____
Signature of Authorized Individual on Backup Account

Principal Investigator _____ Date _____
Signature of Principal Investigator

Dept. Head/Dean _____ Date _____
Signature of Dept. Head/Dean

Member (*if applicable*) _____ Date _____
Signature of Member

*Please attach additional documentation if necessary.*