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Office of Sponsored Projects

[www.csusm.edu/corp/sponsoredprojects/](https://csusm-my.sharepoint.com/personal/tbeckwith_csusm_edu/Documents/Trina%27s%20Documents/Templates/www.csusm.edu/corp/sponsoredprojects/)

sponsoredprojects@csusm.edu

760.750.4700

# **Authorization to Spend Prior to Award Request**

Purpose: This authorization request gives the Principal Investigator/Project Director (PI/PD) the opportunity to have a project number created before an award document is received and/or before an award begins *or*  update an existing project to allow for spending before the award begins.

Instructions: Complete Section A and obtain all required approvals in Section B. Send completed form to assigned Sponsored Projects Analyst (SPA) in the Office of Sponsored Projects (OSP).

|  |
| --- |
| **A. REQUEST** |
| **Today’s Date:** |       | **PI/PD:** |       | **Dept:** |       |
| **Contact Telephone:** |       | **SPA Name:** |       |
| **Anticipated Award Amount:** Anticipated Pre-Award Spending Amount:  |       |  **Anticipated Pre-award Spending Amount: to** |       |
| **Sponsoring Agency:**  |       | **Prime, if subaward:** |       |
| **Anticipated Budget Period:** |       | **to** |       | **Anticipated Project Period:** |       | **to** |       |
| **Proposal Number** (if applicable)**:** |       | **Award Number** (if applicable)**:** |       |
| **Type of Action Requested** (check one)[ ]  **A new Fund-Project for an anticipated award, but without an official award notice. A backup Fund is provided below.**[ ]  **Authorization to spend from an existing Fund-Project before the project start date.**  Current Fund-Project number: \_\_\_\_\_\_ *(Note: no backup fund is needed below)* |
| **Backup Fund:** |       | (Please indicate a non-sponsored project, e.g. Campus Program [86xxx] or chart field string, |
| for use in the event the awarded amount does not cover the level of pre-award spending) |
|  |
| **Name and Signature of Funding Authority for Backup Fund:** |       |  |
| *(Note: If different from PI/PD, then approval from authorized signer on backup fund is required below)* |
| **Justification:** (Required only in cases where sponsor approval is needed. Note benefits of this action to the project and other pertinent information. Attach additional page if more space if necessary)      |
| **B. APPROVALS** |
| We, PI/PD and Funding Authority on Backup Fund (if app), verify the accuracy of the above information and agree that funds will be available to cover any expenses if needed. |
|  **Approval Signatures** |  | **Date** |  | **Printed Name** |  |
| **PI/PD** |  |  |       |  |       |  |
| **Funding Authority on Backup Fund**  *(if app)* |  |  |       |  |       |  |
| **OSP Director** |  |  |       |  |       |  |
|  |
| **For OSP Use Only** |
| **Notes:** |

**\*\*** Please attach any supporting documentation, such as a written confirmation from the awarding agency,

in cases where the award document has not been received**\*\***