

University of Arkansas at Little Rock

Office of Research and Sponsored Programs

ORSP #:

Workday #:

UNDERWRITE REQUEST FORM

Principal Investigator's Name

Principal Investigator's Unit/Department
Cost Center (required for setup)

Re: **REQUEST FOR CREDIT TO UNDERWRITE A SPONSORED PROGRAM**

Sponsor

Project Title:

CFDA# Sponsor's Award #

Anticipated Period of Performance: from to

Anticipated Amount of Award

Incremental Funding Yes No

Federal Federal Flow-Through State Industry Private Other

Existing Workday award and/or GR# (if applicable)

Guarantee Workday# (cost center, fund, and nacubo function)

Authorized Signature if not PI _____ Print name

USE OF FUNDS REQUESTED (add budget attachment if needed):

Salaries \$	Supplies \$	Tuition \$
Fringes \$	Other \$	Equipment \$
Travel \$	F&A \$	Total Funds Requested \$

SPECIFY ANY APPROVED PROTOCOLS OR INDICATE PENDING APPROVALS:

IACUC rDNA Biosafety
 Export Controls Radiation IRB

Reason for Delayed Notice of Award and Justification for Request (use additional pages if necessary & attach required documentation)

"I am aware that should this award not be made, the Principal Investigator is responsible for all charges incurred."

Principal Investigator Signature

Chair/Unit Head Signature Print Name

ORSP Use Only

Recommend that PI be given credit in an amount not to exceed \$ _____ effective _____ through _____ .

Authorized Signature: _____ Print Name: Tammie Cash, Director, ORSP

Underwrite Request #:

Attached: ORSP Coversheet Budget Compliance Documentation
 Budget Set Up (Attach add'l page as necessary) Draft Contract