Pre-Award Guarantee Chartfield and Speedtype Request

University of Louisville Office of Sponsored Programs Administration

If problems filling out this form, call OSPA (852-3788) for assistance.

Prepared by:       Email Address:

Project Number (PCF/MIRA or iRIS):       Principal Investigator:

Guarantee Budget Period (mm/dd/yyyy)1:    /    /      to    /    /

| Department Guarantee Amt. | Budget Category | UofL Cost Share Amt. |
| --- | --- | --- |
|       | Salary & Wages 2 |       |
|       | Fringe Benefits |       |
|       | Supplies & Expenses |       |
|       | Equipment (≥$5K)  |       |
|       | Travel |       |
|       | Rental Costs |       |
|       | Patient Care |       |
|       | Participant Support |       |
|       | Subawards 3 |       |
|       | Tuition |       |
| $ 0.00 | **DIRECT COST SUBTOTAL** | $ 0.00 |
|       | F&A Costs     % |       |
| $ 0.00 | TOTAL BUDGETED COSTS 4 | $ 0.00 |

|       | [ ]  Non-budgeted: Check here if line item budget not required by sponsor (non-federal sponsors only) |
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| Department ID Number:       | UofL Cost Share Speedtype:       5 |
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1. Pre-Award Guarantee budget periods are limited to 12 months (or to the end of the anticipated project period if less than 12 months) to allow for the receipt of the award from the sponsor and formal establishment of the award in Peoplesoft. Budget period extensions can be coordinated through OSPA if necessary and justified.
2. Salary & Wages. To ensure compliance with COI requirements, a list of all project contributors who were identified at the time of the PCF or eProposal submission will be sent to the COI Office for verification of their ADF/COI requirements. Please provide a list of any project contributors who were not identified at the time of PCF or eProposal submission.
3. Subawards. Due to requirements for programmatic terms and conditions, OSPA will not generally issue new subaward agreements until the award funding is received.
4. Budgeted Costs. OSPA will rely upon the budget justification that was filed with the PCF or eProposal submission to ensure compliance with sponsor terms & conditions.

| ***Requires signature of Principal Investigator:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Project Director / Principal Investigator Typed Name:       Date:       | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 Authorized Signature for UofL Cost Share Speedtype (if applicable)Typed Name:       Date:       |
| --- | --- |

***Requires signature of Chair/Unit Head or Dean:***

***Signature of Chair/Unit Head/Dean confirms availability of unrestricted funds for pre-award costs incurred but not covered by sponsor funding; no cash transfers are required for Pre-Award Guarantee speedtype establishment.***

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Department Chair or Unit Head Typed Name:       Date:       | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Dean Typed Name:       Date:       |
| --- | --- |

Suggested Instruction for Use:

1. Complete Form
2. Convert to Adobe PDF
3. Add secure Digital ID signatures
4. Submit