

# ADMINISTRATIVE ACTION REQUEST FOR PENDING AWARDS

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**Sponsored Projects Administration**  
**UNIVERSITY OF GEORGIA**

The University of Georgia will advance 25 percent of the funds to get you started while we wait for the award document to be finalized. Pre-awards are entered into at the risk of the department and require dean and department head approval via this form. If the award is not made for any reason, the department must cover the costs incurred on the project.

Principal Investigator/Project Director (First and Last Name)

Email

Proposal Title

Sponsor

Budgetary Unit

UGA Account #

UGA Proposal #

**You may request up to three tranches of Pending Award Funding. Is this your first, second, or third request for Pending Award Funding for this Project?**     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>

Requested Start Date

**Does your Project involve the use of animals, human subjects, and/or biohazardous materials? Answer all that apply.**

	Protocol #	Expiration Date
<input type="checkbox"/> Animal Use	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Human Subjects	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Biosafety Approval	<input type="text"/>	<input type="text"/>

## TECHNICAL JUSTIFICATION

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Provide a technical (not financial) justification for why Pending Award Funding is reasonable and necessary for this Project.

## DETAILED BUDGET

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How much in Pending Award Funding are you requesting? Please break down your request into the following categories:

Salaries and Wages	<input type="text"/>
Fringe	<input type="text"/>
Equipment	<input type="text"/>
Travel	<input type="text"/>
Supplies	<input type="text"/>
Other Direct Costs	<input type="text"/>
F&A Rate (%)	<input type="text"/>
TOTAL REQUESTED	<input type="text"/>

## SIGNATURES

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### Principal Investigator/Project Director

I certify that this request is consistent with the scope and objectives of the identified Project, that the Budget identified here is consistent with the budget proposed to the Sponsor, and that my Pending Award spending will be in full compliance with the Sponsor's terms and conditions.

Principal Investigator/Project Director Signature

Date

### Department Head and Dean

I understand that this Project may not be funded by the Sponsor. I certify that if this Project is not funded by the Sponsor, the Department and College are responsible for all charges incurred.

Department Head Signature

Date

Dean Signature

Date

Approved by SPA

Date

Print

Reset



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