

# ADMINISTRATIVE ACTION REQUEST FOR PENDING AWARDS

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## Sponsored Projects Administration UNIVERSITY OF GEORGIA

The University of Georgia recognizes initial award and subsequent award modifications can be delayed. This form is utilized to establish Pending Awards proactively and ensure expenses are incurred on the appropriate project while we await receipt of the award/modification. Pending Awards are entered into at the risk of the department and require dean and department head approval. If the award/modification is not received 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

PeopleSoft Project ID (if available)

Grants Portal Project ID (FP #)

**If this request is being submitted because you anticipate incurring expenses up to 90 days prior to the Award Start Date, please insert the following:**

Requested Start Date:

Anticipated Award Start Date:

**If this request is being submitted because your project has started and you are awaiting subsequent increments of funding, the existing project spending can be extended two times in 6 month increments. Please identify if this is your first or second request:**

1<sup>st</sup>      2<sup>nd</sup>

**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

How much in Pending Award Funding are you requesting? Please break down your request into the following categories not exceeding 50% of the proposed budget and in keeping with the UGA's [Direct Cost Policy](#):

Salaries and Wages	(510000)	_____
Fringe	(550000)	_____
Travel	(641000)	_____
Supplies	(714000)	_____
Equipment	(800000)	_____
Tuition	(784000)	_____
IDC Rate _____ (%)	(951100)	_____
<b>TOTAL REQUESTED:</b>		_____

*SPA agrees the RFP, Funding Opportunity, or Sponsor Guidelines indicate Tuition is allowable. (to be checked by SPA)*

### 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 and UGA's [Pending Awards & Pre-Awards Cost Policy](#).

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

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