AWARD PRE-ACTIVATION REQUEST

Instructions: Administrative Units should use this form to establish a University of Colorado Denver (UCD) project before the receipt of the sponsored award document for a new or competing continuation award. Complete all requested information, attach a copy of the completed Approval of Application for Grant or Contract* form (routing form). Forward to Grants and Contacts (G&C), PreAward Manager, F428, after obtaining Departmental review and approval.

General Information
Principal Investigator (PI): ___________________________ Date: ______

Department: _______________________________________
Proposal Routing # (found on upper right hand corner of routing form. Contact G&C for assistance if no proposal routing number is found): ___________________________

Sponsoring Agency: __________________________________

Anticipated award amount: $________ Anticipated budget period: ___________________________

Sponsor Contact: ___________________________ Sponsor Phone: ___________________________

Provide a project number that will be used to cover any pre-award costs incurred in the event that an award is not made or pre-award are costs not allowable under the terms and conditions of the award: ______.

PI AND ADMINISTRATIVE UNIT CERTIFICATION

THIS REQUEST FOR A PRE-ACTIVATED AWARD RELATES TO THE GRANT APPLICATION OR CONTRACT PROPOSAL ALREADY ROUTED AND APPROVED BY G&C.

THE SIGNATURES BELOW GUARANTEE THAT THE DEPARTMENT WILL COVER ANY PRE-AWARD COSTS INCURRED IF THE AWARD IS NOT MADE OR PRE-AWARD COSTS ARE NOT ALLOWABLE UNDER THE TERMS AND CONDITIONS OF THE AWARD AGREEMENT.

IF THIS IS A CLINICAL TRIAL AGREEMENT THAT IS NOT YET EXECUTED, THE PROJECT WILL BE USED SOLELY FOR THE RECORDING OF COMIRB EXPENSE AND DEPOSIT OF SPONSOR REIMBURSEMENT OF THE COMIRB EXPENSE(S) UNTIL THE AGREEMENT IS FULLY-EXECUTED. ANY EXPENSE(S) IN EXCESS OF THE COMIRB FEE(S) THAT ARE CHARGED TO THE PROJECT WILL REMAIN THE RESPONSIBILITY OF THE DEPARTMENT.

Principal Investigator ___________________________ Departmental Administrator/Chair

Date ___________________________ Date ___________________________

GRANTS AND CONTRACTS COMMENTS:
PreAward Administrator: ___________________________ Date: __________

Pre-Activation Award Amount: $__________ Budget Period: ___________________________

Distribution: G&C Award File

Establishing a Sponsored Project Without an Award Document, 4-10
UCD Fiscal Policy