# UNIVERSITY OF NEW MEXICO

PRIORITY – DUE BY 2/19/16

FY 17 MSU

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FY 17 MSU

# HEALTH SCIENCES CENTER

**MSU**

**MSU**

REQUEST FOR APPROVAL TO SPEND FUNDS (RTSF)

Send to Financial Services/PreAward, MSC09 5220, 1650 Univ. Blvd, Suite 2200102

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| **1. Principal Investigator** | | **Enter PI’s Name** |  | **2.PA Proposal *# HSC\_\_\_\_\_\_\_\_\_* HSC\_\_\_\_\_\_\_\_** | | | **HSC** | FP000\_\_\_ | **Enter Funding Proposal #** | | |
| **3. Department** | **Enter Department Name** | |  | **PI’s Org Code** | |  | | | |
| **4. Funding Agency** | **Enter Funding Agency** | |  | **5. Project Title** | **Enter Project Title** | | | | | |

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| --- | --- |
| 6. Anticipated Award will be: (select from DROP DOWN) | 7. Anticipated Award is a: (select one (1) from DROP DOWN) |
| REQUIRED Type of Award - select one from drop down (1) | **Award Cycle - select one (1)** |

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| 8. If this request pertains to a currently active project, indicate the **UNM Grant / Fund or Index number** | | | | | | | | | | Enter Grant/Fund or Index | | |
| 9. The anticipated award is to begin | Enter Begin Date | | and end | | Enter End Date | Funds anticipated $ | | | | | Enter Funds Anticipated | |
| 10. **Approval** is requested to spend $ | | Enter amount | | during the period beginning | | | Enter Begin date. | | and ending | | | Enter End date. |
| 11 .2nd Person(s) to contact for questions concerning this request | | | | | Enter Contact Name | | | Email: | Enter Contact Email | | | |
|  | | | | | Enter Other Contact Name | | |  |  | | | |

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| 12. PI’s Description of request and justification. Include discussion on level of certainty of award. |
| Please enter request and justification. This is required. |

Processing Steps:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. PI is to initiate this form when a shell index is necessary and an **Open Proposal is in progress & filed in PreAward (Minimum of PDS is required)**. | | | | | | | | | | |
| 2. PI will submit to Department Chair for Signature. | | | | | | | | | | |
| 3. **If the Department Chair will not agree to provide funding in the event the award is not received, this form must be signed by the Dean. Submit to HSC Financial Services for processing AFTER Dean’s signature.** The SOM Dean’s Office reserves the right to monitor specific Department’s risks on a case-by-case basis. Those departments will be notified separately, and will route RTSF to SOM Dean’s Office for approval until otherwise notified. | | | | | | | | | | |
| 4. PI is to obtain the signature from PreAward that a proposal has been filed. PreAward will verify questions 2, 3, 4, 6, & 7, enter the program type, and sign then forward to Contract & Grant Accounting. Allow up to 2 business days for a reply unless other arrangements have been made. | | | | | | | | | | |
| **PreAward Signature** |  | | | **Program Type** | | | **R PS I** | Please circle type | | |
| 5. Contract & Grant Accounting will verify all above steps and set up shell Grant & Fund | | | | | | | | | | |
| 6. Contract & Grant Accounting will email PI and contact person in #11 after receipt of index number from Finance Systems Mgt. | | | | | | | | | | |
| 7. Contract & Grant Accounting will pass this form back to PreAward for placement in the proposal file. | | | | | | | | | | |
| **REQUIRED: PI Must Sign this Box Only** | | | | |  | **IF DEAN’s SIGNATURE REQUIRED Dean Must Sign this Box Only.** | | | | |
| This request has been prepared in accordance with policy dated March 5, 1990. An urgent need exists to expend funds prior to receipt of a fully executed award | | | | |  | Approved however **Department Chair is responsible for any losses.** | | | | |
|  | | | | |  | The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request I concur with the Department Chair's recommendation and will provide such funding if required | | | | |
|  | | | | |  | The Dean’s Office does not have available funds to cover. The request is denied. Return this form to the PI | | | | |
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| **Principal Investigator** | |  | **Date** | |  | **Dean** | | |  | **Date** |
|  | |  |  | |  |  | | |  |  |
| **REQUIRED: Department Chair Must Sign this Box Only** | |  |  | |  | **Contract & Grant Accounting Confirmation of all approvals:** To Fiscal Monitor (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| In the event that the award described above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request. | | | | |  | Approved by Fiscal Monitor. Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_  Grant/Fund Set up. Index Requested. Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_  Email of Index to PI & Contact(s) in #11. Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_ | | | | |
| I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean. | | | | |  | Return to PreAward to file with Proposal until Award. Initial\_\_\_\_\_\_ Date\_\_\_\_\_\_    Assigned Grant/Fund/Index Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **Department Chair or Director** | | | **Date** | |  | **PreAward Name** | | | | |