

ADVANCE FOAPAL REQUEST

Advance Accounts allow Principal Investigators to initiate spending on their projects before the University receives an actual award. If the award does not materialize, the College/department will be responsible for all costs incurred on the advance account. This form is to be signed and returned to your Research Administration Specialist or uploaded in your eRA record on the "Temple Documents" tab.

- TO: Christine Blewett Alastair Carter-Boff Quadirah Green
 Alicia Santiago Angie Calicat Sherri Gibbs
 Wendy Neil Elysa Weiss

Project Title: _____
Sponsor: _____ Principal Investigator(s): _____
Originating Sponsor: _____
College/Department: _____
Total Funding Expected: \$ _____ Expected F&A/IDC Rate: _____ eRA # _____
Expected Project Period: _____ to _____ (mm/dd/yyyy)

Status of Award, and Justification for Advance Account (Attach supporting documentation):

Department non-grant fund FOAPAL to be charged:

List all KEY personnel on the Grant. Send this directly to (coisom@temple.edu) for School of Medicine and Temple University Health System, or (coitemple@temple.edu) for all other Schools/Colleges. Please reference the eRA# in your communication.

The Principal Investigator and all applicable investigators on the grant are responsible for completing and submitting the COI disclosure in the eRA "My Conflict of Interests" Module located

<https://era.temple.edu/tu_login/login.asp>. To comply you may either:

- Complete the COI disclosure (may require completing training program); OR
- Review existing COI disclosure; update if necessary.

Signatures Required:

PI/PD _____ Date _____

The Department chair/Dean certifies, and Department Administrator acknowledges that he/she is aware of the funding risks involved with establishing an advance account and accepts responsibility for any costs not reimbursed on this project. If for any reason, the award does not materialize, any expenditures which were incurred on the advance account should be journaled to the referenced departmental non- grant fund. By signing, the PI accepts responsibility for the scientific conduct of the project and work will not occur that requires any protocols for which approvals have not been granted.

Department Chair/Dean _____ Date _____

Department Administrator _____ Date _____

Office of Research Administration _____ Date _____