

**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 in the "Temple Documents" tab.

**Limits: Up to 120 days and 25% of estimated total costs.**

Project Title: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_  
 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: \_\_\_\_\_

**Conflict of Interest (COI) Certification:**

List all KEY personnel on the Grant. Send this directly to ([coisom@temple.edu](mailto:coisom@temple.edu)) for School of Medicine ([coitemple@temple.edu](mailto:coitemple@temple.edu)) for all other Schools/Colleges. Please reference the eRA# in your communication. The Compliance Office will review your certification status and respond accordingly.

**Signatures Required:**

I acknowledge that I am aware of the funding risks involved with establishing an advance account and accept 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.

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Department Administrator \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Dean \_\_\_\_\_ Date \_\_\_\_\_

*Reviewed by:*

Research Administration \_\_\_\_\_ Date \_\_\_\_\_