

Washington University Prior Approval Request

Date _____ Dept. # _____ Fund # _____
 School (Danforth ONLY) _____ P.I. or Program Director _____
 Dept. _____ Proposal Development Doc # _____
 Agency _____ Agency Number _____
 If a subagreement, is the awarding agency receiving Gov't funds? **If 'Yes'**-Agency Name _____
 Direct \$ _____ or Total \$ _____ Budget Period _____ to _____
 Project Title _____
 Department contact for Prior Approval Questions: *Name/Phone* _____

PRE-AWARD COSTS* Pre-Award Start Date: _____
 Up to 90 days before budget period start date at grantee risk.
PROJECT ACTIVATION*
 Establishes account for budget year. Award notice not received or not expected to be received by requested start date.
AWAITING AGENCY APPROVAL* Attach letter submitted to agency.
 Agency approval to a request not received or not expected to be received by required date.
 This approval form is only good for a maximum of 90 days after internal approval signatures are obtained. If agency approval is not received within 90 days, this form may be renewed for a second 90 days.
 Agency Contact Person _____ Agency Phone Number/Email Address _____
 DESCRIBE AND JUSTIFY why this action is necessary to achieve project objectives (attach additional sheets if necessary):

***COMPLETE GUARANTEE ACCOUNT NUMBER for above request (LC-DEPT-FUND):** _____
If the project is not funded or purchase approval is denied, this departmentally approved account will be charged for any expenditures.

ACTION APPROVED BY:	(first 90 days) Date	(second 90 days) Date	(third 90 days) Date
Principal Investigator _____	Initialed _____	_____	Initialed _____
Department Chair _____	Initialed _____	_____	Initialed _____
Dean (Danforth ONLY) _____	Initialed _____	_____	Initialed _____

CENTRAL ADMINISTRATION USE ONLY

____ Verified ____ Cumulative ____ Grant ____ Fixed Price ____ Cost-Reimb ____ Gov't Agency ____ Gov't Prime

REMARKS: _____

G&C / RO / OTM _____ Date _____
2nd 90 days _____ **3rd 90 days** _____
 Initialed _____ Date _____ Initialed _____ Date _____

cc: SPA ____ RO ____ Dept. ____ OTM ____ **Prior Approval Exp. Date** _____