

## AT-RISK ACCOUNT REQUEST

## REQUEST

Open a new spending account | SPARCS Proposal Number: \_\_\_\_\_

This is for an existing award. | Sponsor Award #: \_\_\_\_\_ OSP#/AWD#: \_\_\_\_\_

Keep an existing spending account open in anticipation of an amendment (RAE) | Oracle #: \_\_\_\_\_

Sponsor Award #: \_\_\_\_\_ OSP#/AWD#: \_\_\_\_\_

Project Title: \_\_\_\_\_

Principal Investigator (PI): \_\_\_\_\_ Department: \_\_\_\_\_

Direct Sponsor: \_\_\_\_\_ Department Contact: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_ Department Contact Email: \_\_\_\_\_

Anticipated Funding Level: \_\_\_\_\_

Additional Comments:

Anticipated Period of Performance: \_\_\_\_\_

Account Assuming Financial Risk: \_\_\_\_\_

## Justification for Request:

*The justification should include evidence the award or amendment has been requested and is anticipated from the sponsor*

## CERTIFICATIONS &amp; APPROVALS:

A need exists to incur costs prior to completion of negotiation of an award, or before receipt of a fully executed award document or amendment.

The work to be conducted under risk does NOT involve any compliance related items (including human subjects, animal research, stem cells, select agents or export controls); or

The work to be conducted under risk DOES involve compliance related items and approved protocols, licenses or infrastructure are in place; or

There is written notification from the appropriate compliance department that these are not required for the early request.

In the event the award described above is not received, terms cannot be agreed to, or if the award does not coincide with the performance period identified above, the department agrees to make funding available for any costs incurred as a consequence of this request. Costs will be charged to the account assuming financial risk:

All departmental parties concur with this action.

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

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Business Manager \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to: [osp@andrew.cmu.edu](mailto:osp@andrew.cmu.edu)

OSP Reviewer \_\_\_\_\_

Date \_\_\_\_\_

**AT-RISK ACCOUNT REQUEST  
Compliance Check**

For each item listed below, indicate if it is involved in this project & enter any related protocol numbers.

Yes      No      Protocol Numbers

Human Subjects:

Laboratory Animals:

rDNA:

Select Agents:

Pyrophoric materials:

Radioactive Materials:

X-ray Emitting Devices:

**Export Questions**

- 1) Do you anticipate accessing and/or taking receipt of confidential or sensitive information materials or software, or technical data, including but not limited to classified information, export controlled data and information residing on secured data systems requiring a security clearance, or any other export controlled material and/or information (such as lasers, encryption software, nuclear materials and equipment, telecommunications equipment, chemical or biological agents, etc.), and controlled unclassified information (CUI), to perform the work under this early award or award extension.

Yes                      No

- 2) Do you anticipate delivering anything tangible to the sponsor (e.g. a robot, equipment, etc.)?

Yes                      No

Additional Comments: