



# Office of Research Administration

## AT-RISK SPENDING REQUEST

The Office of Research Administration (ORA) recognizes that the arrival of award documents and the issuance of a fund number does not always follow the outlined timeline of a proposal. In order to better facilitate the start or continuation of a project, ORA can approve At-Risk spending for projects showing sufficient documentation that either: 1) an award will be funded or 2) the next increment of funding will be sent in the near future.

Principal Investigators (PI) that have a programmatic need to spend funding on an *at risk* basis will need to complete page 2 of this document and send it to their appropriate Contract or Research Accountant at ORA.

### INSTRUCTIONS FOR COMPLETING THE AT-RISK REQUEST FORM

- 1. CSM Information:** Please fill out this section based on the information included on the ORA approved proposal or current award information. If the request is for a new fund, an ORA proposal number must be included. If a proposal has not been submitted through ORA, an At-Risk Spending Request will not be approved. If the request is for continued At-Risk spending on an existing award, please include the ORA Fund Number.
- 2. Pending Award Information:** This section should be completed to the best of the PIs ability. All information will be verified by ORA during the review process. If the funding is not directly from the Federal Government, please indicate whether or not the funds originated with the Government by checking Federal Flow-Through yes or no. Example: If DOE granted funds to Stanford and Stanford sent us a subaward, you will check "yes" to Federal Flow-Through.
- 3. At-Risk Fund Information:** Typically, At-Risk spending requests will only be approved for 25% of the anticipated funded amount. ORA recommends the PI evaluate the immediate costs that will be incurred in the first 2-3 months of the project. The requested amount will need to be broken out into the listed budget categories so that ORA can determine if any of the costs need prior approval and verify that the indirect cost calculation complies with our federally negotiated rate agreement.  
Please provide a programmatic justification for work to begin prior to the award documents being received. This justification should be able to be tied back to the requested At-Risk funds and project's statement of work. The ability to post salaries to a project is not a sufficient reason for At-Risk spending.  
Often a sponsor will provide some documentation that a project will be funded, either a formal letter or email indicating that a project has been approved for funding. If a PI receives confirmation of a new award or additional funding on an existing project, please attach it to the completed form. If the documentation is not provided, ORA will need to obtain it before approving the At-Risk spending.
- 4. Signatures and Institutional Approvals:** The PI and Dept. Head, Center Director or Dean signatures are required in order for an At-Risk Spending Request to be approved by ORA. The ORA Contract or Research Accountant will review the request and will either recommend it for approval or work with the PI to gather more information. Once ORA approval is obtained, a fund number will be generated, if necessary, and a notification will be sent to the PI with a copy of the approved request.  
In the event the award is not made, expenses posted during the At-Risk period, will be handled in accordance to [Policy 7-1 Deficit Spending](#).



# Office of Research Administration

## AT-RISK SPENDING REQUEST

This form will be used by Principal Investigators to request an At-Risk Fund on a new award or for continued spending on an existing award when the next increment of funding has yet to be received.

### CSM INFORMATION

Principal Investigator Name: \_\_\_\_\_  
Department or Center: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
ORA Proposal Number: \_\_\_\_\_ ORA Fund Number: \_\_\_\_\_

### PENDING AWARD INFORMATION

Sponsor Name: \_\_\_\_\_  
Type of Award: ☐ Grant ☐ Contract ☐ Cooperative Ag. If *Contract*, please indicate type: ☒ Unknown ☐ Fixed-Price ☐ Cost Reimbursable  
Federal Flow-Through Funds: ☐ Yes ☐ No Federal Agency Name: \_\_\_\_\_  
Anticipated Funded Amount: \_\_\_\_\_ Anticipated Project Period: \_\_\_\_\_

### AT-RISK FUND INFORMATION

Requested Amount: \_\_\_\_\_ Requested Project Period: \_\_\_\_\_

At-Risk Project Budget:

Salaries	\$
Fringe Benefits	\$
Tuition, Fees & Health Ins.	\$
Equipment (>\$5K)	\$
Travel	\$
Supplies	\$
<b>Direct Costs:</b>	\$ 0
Indirect Costs	\$
<b>Total Costs:</b>	\$ 0

Programmatic justification for establishing the At-Risk Fund:

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\*\*In order for ORA to approve an At-Risk Fund, ORA requires confirmation from the sponsor that award documents will be forthcoming. If you have such confirmation, please attach the documentation to this form\*\*

### SIGNATURES & INSTITUTIONAL APPROVALS

PI Signature: _____	Date: _____
Dept. Head/Center Director/Dean: _____	Date: _____
ORA Approval: _____	Date: _____