

HARVARD PILGRIM HEALTH CARE, INC.  
OFFICE OF SPONSORED PROGRAMS  
ADVANCE ACCOUNT REQUEST FORM

Advance accounts allow Principal Investigators to initiate spending on their projects before the Harvard Pilgrim Health Care receives and/or accepts an award. If an award is not made/accepted, or if the terms of the award deem certain expenditures to be unallowable, the principal investigator or department is responsible for those expenditures. A non-sponsored back-up account must be provided.

Project Title:			
Principal Investigator:			
Sponsor:			
Prime Recipient (if subcontract):			
Award Type:	Federal Non-Federal	<input type="checkbox"/> Grant <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Contract <input type="checkbox"/> Unknown Award Type <input type="checkbox"/> Gap Funding	
Period Requested for Advance Spending:			
Funds Requested:			
Justification for Advance Account:			
The following are included with this form (all are required):	<input type="checkbox"/> A copy of the AWARD DOCUMENT or a letter from the prime institution  <input type="checkbox"/> A BUDGET for the requested funds		

I certify that I am aware of the responsibilities and risks involved and that OSP may bring additional negotiation issues to my attention. \_\_\_\_\_ (department) will accept responsibility for any costs not reimbursed by the sponsor. The account to be charged is \_\_\_\_\_.

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

\_\_\_\_\_  
Department Chief or Administrator

<b><i>For OSP use only – Criteria for Assessment</i></b>			
<i>1. Sponsor History</i>	<i>2. Funding Instrument</i>	<i>3. Award terms and conditions, if known (policy and financial issues)</i>	<i>4. Programmatic considerations</i>
<i>The department has been made aware of the following negotiation issues which may prevent the award from being made:</i>			
Office of Sponsored Programs		Date	

