

NC STATE UNIVERSITY

College of Sciences

Preaward Project ID (Ledger 5) Request

Purpose: To establish a L-5 project ID number, prior to the fully-executed award's arrival, so necessary financial transactions can be initiated. <u>NC State Guidance</u>

Required Criteria:

- The award is imminent.
- Documentation received in writing from the sponsor that the award is forthcoming.
- Preaward spending is necessary for the effective and economical conduct of the project.

To establish a Preaward account in COS:

- 1. Complete this form.
- 2. Attach <u>all correspondence</u> from the direct sponsor that indicates their intent to fund.
- 3. Attach the specific budget and justification for the amount authorized on the form.
- ***It's COS policy to request only up to 25% of the first year budget's direct costs in a preaward account.***
- 1. Route this form, <u>correspondence</u>, and <u>budget w/ justification</u> through DocuSign for Dept. Head Signature, and cc: <u>cos_postaward@ncsu.edu</u>.
- 2. The COS Research Office (CRO) will review and enter the request in RED. SPARCS will review/approve and create a L-5 Project ID. The PI will receive an email with the new L-5.

Date of Request:

Department/Unit Name:

Principal Investigator: (authorized to receive funds)

DeptID to be charged: (if award is not executed)

PINS or RED #:

Sponsor(s):

Total Authorized Amount: (not to exceed 25% of <u>Y1 direct</u> costs) Anticipated Start Date:

Justification (why a preaward account is necessary):

<u>Statement of Financial Responsibility</u>: In the event that the University is unable to fully negotiate and execute this proposal and make an official award through Sponsored Programs and Regulatory Compliance Services (SPARCS), the Department will retain sole responsibility for all costs incurred under this Preaward account. Additionally, should any Preaward costs become unallowable costs once the project is fully executed, the department / unit designated in this form will be responsible for payment of these costs from a different funding source.

Department/Unit Head Name & Signature:

Date: