

REQUEST FOR A TEMPORARY PROJECT ID IN ABSENCE OF AN EXECUTED AWARD
(Kuali Research routing of proposal must have occurred prior to Temporary account set up)

PROPOSAL/AWARD INFORMATION

New (No Quantum Award and Project ID have ever been set up OR New Contract/PO or PI Org Change is anticipated)

Continuation (additional time + funds)  Prior Project ID: _____

Please select one: New Project ID Requested Same Project ID Requested

Extension (additional time ONLY)  Current Project ID: _____

Committed Cost Share Required: Over Salary Cap Cost Share Required:

SOAPF for the Cost Share must be provided:

Source	Owner Org	Activity	Purpose	Function

PROJECT INFORMATION

KR Proposal No.: _____ F&A Rate: _____ F&A Rate Type: _____

Quantum Award No.: _____ Proposal Title: _____

Principal Investigator: _____ Department: _____

Sponsor: _____ Prime Sponsor: _____

UMB Department Contact Name: _____ Email: _____

Department Distribution List Email Address: _____

INTENT TO FUND INFORMATION

Sponsor's Award No.: _____ Anticipated Award Amount: _____

Budget Period: _____ to _____ Billing Basis: _____

This Date is (choose one)

Anticipated Start Date or Date within 90 days prior to the Anticipated Start Date

I request approval to begin expenditures for the above proposed award on the date indicated above.

Signature of PI: _____ Date: _____

If the anticipated award is an Intergovernmental Personnel Agreement (IPA) for work at the VA, the Dean's Signature is required.

Signature of Dean or Designee: _____ Date: _____

GUARANTEE: In the unlikely event that the award is not made, all expenditures are hereby guaranteed by the Department Chair or Director. The source to cover such expenditures is:

Source	Owner Org	Activity	Purpose	Function

Chair or Director Approval: _____ Date: _____

SPA Review: _____ Date: _____

FORM INSTRUCTIONS

In order to request a temporary project ID for a new award or a continuation of a current award there must be an associated proposal routed in Kuali Research. The temp request form can be included in the KR proposal routing or via email to the appropriate [SPA Team](#). If the Temp Request is submitted via KR, then signatures are not required as the KR certification/approvals replace the signatures.

PROPOSAL/AWARD INFORMATION

- Choose only one of New, Continuation, or Extension.
 - Choose “New” if this is a brand-new proposal/ award and there has not been a previous Quantum Award or Project ID (PID) established.
 - Choose “Continuation” if you are expecting to receive additional time and money for an existing project. If the current award allows for automatic carryforward, you can choose to use the same PID. If the continuation award requires approval for carryforward a new PID must be requested.
Please note: If the continuation action is anticipated to be an entire new contractual document or a new Purchase Order number (not a modification) then you should select “New”. Any change to the PI org will result in a new Award Number and “New” should be selected.
 - Choose “Extension” if you are expecting a modification to just extend the period of performance with no additional new funding, and provide the current PID. You may also need to request a no-cost extension.
 - If the project includes committed cost share, please check the box and provide the SOAPF.
 - If the project includes cost share for costs over the salary cap, please check the box.

PROJECT INFORMATION

- Enter the KR Proposal No. that relates to this request.
- Enter the F&A Rate for the anticipated award and the F&A Rate Type.
 - MTDC: Modified Total Direct Costs
 - TDC: Total Direct Costs
 - S&W: Salaries and Wages
 - None: No F&A
- If this is a continuation, please provide the previous Quantum Award No.
- Please provide the Proposal Title, the Principal Investigator, the Administering Department for the Award, the Sponsor and if applicable, the Prime Sponsor.
- Please be specific when entering NIH as the sponsor and include the appropriate NIH Institute.
- Provide the Name/Email for the UMB Department Contact in case there are questions about the form.
- Provide the Department Distribution List Email Address.

INTENT TO FUND INFORMATION

- If known, provide the Sponsor’s Award No.
- Provide the Anticipated Award Amount.
- Provide the anticipated budget period for the award.
- Billing Basis: Choose One
 - Letter of Credit (LOC) Should only be chosen for Federal Grants for these sponsors: NIH, FDA, CDC, SAMHSA, DHHS, HRSA, DOJ, NSF, DOE, USDA, IRS
 - SNAP – Streamlined Non-Competing Award (usually “K” and “R” series awards except R35
 - NON SNAP – awards that do not have automatic carryover of unobligated balances (Centers, Cooperative Agreements, Training Grants, “P”, etc.)
 - Cost – Payments are based on invoices submitted for costs incurred.
 - Schedule – Payments are based on an agreed payment schedule with set amounts.
 - Volume – Payments are based on an agreed, set amount for the work, based on a “cost per” budget.
 - Milestone – Payments are based on achieving a goal not associated with costs in the system.
- Check to indicate if the start date of the budget period is based on the anticipated start date or if it is a date within 90 days prior to the anticipated start date.
- The PI must sign and date.
- If the anticipated award is an IPA, the Dean must also sign the Temp Request form.

GUARANTEE:

- Please complete all parts of the SOAPF information box and obtain the signature of the Chair or Director.
- SPA Review – SPA will review and sign on this line prior to sending to SPAC.
- SPAC will set up the temp account for a period of 1 year.