## OFFICE OF SPONSORED PROGRAMS



Harvard Pilgrim Harvard Pilgrim Health Care Institute

## ADVANCE ACCOUNT REQUEST FORM

Instructions: Advance accounts allow HPHC Principal Investigators to start spending on a project before HPHC accepts an award. If an award is not accepted, or if the terms of the award prohibit certain costs, the principal investigator and responsible department or division are responsible for covering those costs on an unrestricted back-up account. All advance account requests must include (1) a copy of the award document or written assurance from the funder/prime recipient that an award is forthcoming and (2) a line item budget for the funds requested. Investigators may request up to three months of funding and must submit a new request for additional funds or additional time. Advance accounts are intended to cover HPHC salary, fringe, and the corresponding indirect costs. Investigators must submit a written justification to use an advance account to cover other expenditures or to request spending in advance of receipt of a no-cost extension.

Project Title			
HPHC Principal Investigator			
Funder			
Prime Recipient			
(for subcontracts)			
Award Type	Federal	Non-Federal	
(check all that apply)	🗆 Grant	Cooperative Agreement	Contract
Current HPHC project # (if			
applicable)			
Period Requested for			
Advance Spending			
Funds Requested			
Back-up Account			
(award and project number)			
Responsible Department or			
Division			

By signing below, the Principal Investigator certifies they are aware of the responsibilities and risks involved. The department or division named above will accept responsibility for any costs not reimbursed by the funder/prime recipient. Such costs will be charged to the back-up account listed above.

Certified by **Principal Investigator** 

Approved by Dept. Chair or Executive Director

Approved by **Office of Sponsored Programs**