Lewis & Clark College SPARC OFFICE

PRIOR APPROVAL FOR ADVANCE SPENDING (PAAS)

Use this form to request prior internal approval for advance spending on a sponsored project outside of an approved project period (e.g., pre-award spending or spending prior to expected modification).

Project Information					
PI/PD First Last Name		Departme	nt		School
Sponsor		Project Titl	Project Title		
Prime Institution (if LC will be subrecipient)		Notice of A	Award Date (if available)	Grant Account No. (if available)	
Total Amount Awarded:		Project Pe	eriod Start Date	Project Period End Date	
Total Requested in Proposal:					
Sponsored Project status		Modification on an existing/active project expected, as below:			
Proposal pending/under review		Extension to is expected			
Award under negotiation with Sponsor Prime		Additional is expected			
Existing/Active: Current balance		Extension is conditional. Please describe terms:			
Request for Advance Spend	ling on Sponsored Project				
Explain the need to spend funds of	outside of an approved award pe	riod.			
Describe what you need to purcha	ase or charge. How much it will c	ost and with	in what timeframe? Are these	expenses included/approve	d in the
proposal/award budget?					
Describe circumstances and/or a	ssurances that may mitigate risk	to Lewis &	Clark College.		
Requested Advance Start Date	Is pre-award spending allowed I			in the agreement? Yes	s No NA
Degreeted Advence End Date	If yes, please provide relevant in	normation a	nd/or reference ORL.		
Requested Advance End Date					
Requested Advance Amount					
requested Advance Amount					
Notes					
Funding Guarantee					
n the event that funds do not come	e through as anticipated to cover e following non-sponsored guaran	the advance	e spending, I agree to cover expe	enses incurred for this project	t up to the
Budget Authority First Last Name			Budget Authority Title		
Durdonat Authority Cinnature			Guarantee Account:		
Budget Authority Signature	I	Date	Guarantee Account:		
Approvals					
Approvais PI/PD signature		Date	Additional Approver, if required	d. First Last Name	
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L&C Grant Administrator signature		Date	Additional Approver signature		Date
School Dean or VP signature	<u> </u>	Date	CFO and VP for Operations si	ianature	Date
Johnson Dealt of VI Signature	1	Juic	or o and vi for operations si	griature	Date