



Preparing people to lead extraordinary lives

P.I.'s Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Federal Funding Agency: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization form may be used to establish a new accounting unit or continue expenditures on an existing accounting unit (e.g. no cost extension, non-competitive or federal pass through) prior to the receipt and acceptance of an award from the Funding Agency mentioned above.

- No funds can be allocated prior to 90-days before the authorized start of the grant (the 90-day rule) unless the Funding Agency's written prior approval is obtained.
- The guarantee account will be designated as a default account that will cover all expenses paid in the pre-award period if the grant is NOT awarded within 90-days or at all.
- Principal Investigator is responsible for keeping expenditures to essentials during this period in which Loyola University of Chicago is at risk. **Equipment purchases will not be allowed for Advanced Accounting Units.**

1) The anticipated start date \_\_\_\_\_ and the ending date \_\_\_\_\_ of the grant.

2) Guarantee Account: Accounting Unit: \_\_\_\_\_ Description \_\_\_\_\_

Expenditure Ceiling \$ \_\_\_\_\_  
**3/12<sup>th</sup> of the estimated annual proposed budget**

3) LU# (Stritch) PTAP# (Lakeside) \_\_\_\_\_

**CERTIFICATION OF RESPONSIBILITY:**

I hereby authorize Sponsored Program Accounting (SPA) to transfer expenses to the above guarantee accounting unit in the event that either of the following occurs:

1. Pre-award expenses authorized occur outside of the "ninety-day rule"
2. Complete documentation (i.e., Notice of Grant Award or fully executed grant/subcontract/contract agreement) not received within ninety days of grant having been established it is understood that these expenses will be transferred to the grant upon receipt of the completed documentation. **Sponsored Program Accounting (SPA) is required to notify guarantor two weeks in advance of above action.**

Guarantor \_\_\_\_\_  
*Printed Name of guarantee account holder*

Guarantor \_\_\_\_\_ Date \_\_\_\_\_  
*Authorized signature of guarantee account holder*

Principal Investigator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office of Research Services: \_\_\_\_\_ Date \_\_\_\_\_

SPA Approval: \_\_\_\_\_ Date \_\_\_\_\_ Assigned AU# \_\_\_\_\_