

“At-Risk” Advance Spending Request

Use this form for a new account (Advance Start) OR for Continuation Spending on an existing KFS account



OFFICE OF SPONSORED PROGRAMS COLORADO STATE UNIVERSITY

Completed/Submitted by: _____

Dept Nbr: _____

Email: _____

Dept. Name: _____

Advance Start (new project / new KFS account)

Provide KR PD proposal number: _____

There must be a fully approved KR PD proposal and an Institutional Proposal record created by OSP before this request will be processed to set up a new account.

Provide reason(s) to support special authorization to commit the University to expenditures before receipt of a fully executed award document:

Continuation Spending (existing KFS account)

Provide KFS account number: _____

Current Project End Date: _____

Provide reason(s) to support special authorization to continue spending on an account before receipt of a fully executed modification for additional time and/or additional funding:

The _____ agrees to allow ‘at risk’ spending up to \$_____ until _____.
(This date will be entered as the KFS account Expiration Date.)

In the event that expected funding does not come through for this project, or the advanced expenditures are disallowed, the following account(s) will be used to cover any deficit that has accrued to date:

Account Number	Account Holder/Manager Signature

COST-SHARE: The _____ agrees to cover any related cost-share expenses, even if a cost-share account cannot be set up at the time of this request. OSP recommends setting up any required cost-share accounts in conjunction with this request, using the current CSA request form on the [OSP website Forms page](#).

It is understood that the Office of Sponsored Programs (OSP) DOES NOT monitor advance spending, cannot stop expenditures on an account that exceed the stated maximum, and is not responsible for any expenditures not covered by the sponsor.

Approvals:

Principal Investigator: _____

Signature/Date: _____

Department Representative: _____

Signature/Date: _____

College Representative: _____

Signature/Date: _____

OSP USE ONLY: Reviewed and approved by: _____

OSP SRA/RA: _____ Signature/Date: _____