



## NEW ACCOUNT REQUEST FORM

GRANT/ACCOUNT NAME: \_\_\_\_\_

PI/ PROJECT DIRECTOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

AWARD AMOUNT: \_\_\_\_\_ CFDA #: \_\_\_\_\_

REQUEST TO:  Add  Modify  Modification type

CONTINUATION GRANT:  Yes  No

GRANT PERIOD: \_\_\_\_\_ through \_\_\_\_\_

Grant  Scholarship  Gift

Funding Agency: \_\_\_\_\_

Type:  Federal  State  Private  Designated

Please provide a copy of the following:

Award Letter

Approved Budget

Internal Use Budget

Project Director Signature: \_\_\_\_\_

### TO BE COMPLETED BY THE OFFICE OF SPONSORED PROGRAMS

Verified by: \_\_\_\_\_  
OSP Print Date

### TO BE COMPLETED BY BUSINESS AND FINANCE

Account Number: \_\_\_\_\_ -xxxx- \_\_\_\_\_

Verified By: \_\_\_\_\_

Date Completed: \_\_\_\_\_