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

☐ **Revenue** ☐ **Expenses**

Account Number: ___ ___-___ ___ ___ ___--___ ___ ___ ___ -___ ___ ___ ___

Verified By: _____

Date Completed: _____

A completed form is to be provided to the ***Office of Sponsored Programs*** Rev. 1/2021