

CHECK DEPOSIT REQUEST
WHEN AWARD DOCUMENTS HAVE NOT BEEN FINALIZED
WITH OR WITHOUT A PRE-ACTIVATED AWARD

Instructions: Administrative units are to use this form when 1) monies have been received for deposit before receipt of final award documents, or 2) monies have been received but Pre-activated Award authorization has not yet been given. Complete the following information and attach the check for deposit. Forward all documents to Grants and Contracts, F428.

General Information:

Principal Investigator (PI): _____ Date: _____

Department Contact: _____ Phone: _____

Check Payer/Sponsor: _____

Amount: _____ Check No.: _____ Check Date: _____

Provide the PeopleSoft Project Number (FOPPS) Information No Project Number has been assigned. Project Number assigned that the payment is directly related to: _____**Check all that apply:**

A. ___ Check is the Sponsor's payment for COMIRB fee(s) charged for protocol review.*

B. ___ Check is payment for activities/services to be accomplished under an anticipated award to the UCD.*

Documents supplied to Grants and Contracts and/or Office of Technology Transfer are as follows (check as appropriate). Attach copies of documents supplied to Technology Transfer.

___ Approval of Application for Grant or Contract (Routing Form)

___ Award Pre-Activation Request

___ Clinical Trials Required Form/Effort Commitment and Certification

___ Copy of Grant Application or Contract Proposal

___ Budget and/or Payment Schedule

___ Confidentiality Agreement

___ Material Transfer Agreement

___ Sponsor Policy/Guidelines

___ Other (specify): _____

C. ___ There are no award documents or proposed terms and conditions.

D. ___ Other (please explain): _____

* If not already sent to Grants and Contracts, the *Approval of Application for Grant or Contract* (Routing Form) and *Pre-Activation Award Request* form are to be completed, routed for approval and attached (Fiscal Policy 4-5, Exhibit A, and Fiscal Policy 4-10, Exhibit A).

Requestor Name: _____

Signature: _____ Date: _____

PI'S CERTIFICATION (REQUIRED IF C OR D CHECKED ABOVE):

TO THE BEST OF MY KNOWLEDGE, I AM NOT AWARE OF ANY EXPECTATIONS BY THE PAYER/SPONSOR WITH RESPECT TO INTELLECTUAL PROPERTY RIGHTS OR OTHER TERMS, SUCH AS PUBLICATION RESTRICTIONS THAT MIGHT BE COMPROMISED BY THE ACCEPTANCE AND DEPOSIT OF THIS CHECK.

PI Signature: _____ Date: _____

Distribution by OGC:

1. G&C Award File

2. Principal Investigator's Contact identified on Routing Form, unless specified otherwise.