

Request for Sponsored Project Risk Account Form (SP-4)

	to Sponsored Projects: Ross Hall 204, ma	il stop 325, or <u>ospadmin@unr.edu</u> .	J11
Risk	Account Request Type		
R	isk account request is for the following (sele	ct one):	
	New Financial Worktag	Existing Financial Worktag	
Proj	ect Information		
Р	rincipal Investigator:		
Р	roposal #:	Existing Worktag (GR#):	
Р	roject Title:		
Con	pliance		
In or	der for a risk account to be established, all r	equired protocols and sponsor agency trainings must be satisfied	ł.
S	pecialized Regulatory Compliance		
1	Does the project involve human subjects	?	
	Yes. If yes, IRB protocol #:	No	
2	Does the project involve vertebrate anim	als?	
	Yes. If yes, IACUC approval #:	No	
3	3. Does the project involve radioisotopes or radiation producing equipment?		
	Yes. If yes, radiation training expirati	on date: No	
4	Does the project involve recombinant DN	NA, toxins, or any biological agents?	
	Yes. If yes, IBC MOUA Approval #:	No	
S	ponsor Compliance		
 If the sponsor is National Science Foundation or National Institute of Food and Agriculture, have al investigators & co-investigators obtained <u>Responsible Conduct of Research training</u>? 			эa
	Ves N/Δ		

١.	if the sponsor is National Science Foundation of National Institute of Food and Agriculture, have all principal
	investigators & co-investigators obtained Responsible Conduct of Research training?

2. If the sponsor is a Public Health Service agency, have all investigators as defined by <u>42 CFR 50.603</u>, obtained <u>Financial Conflict of Interest training</u>?

Yes N/A

Risk Account Dates and Amount

c account duration should not exceed 90 days.

Please provide <u>SP-22</u> form for risk amount.

Acknowledgements

The undersigned requests that a risk account or the extension of an existing financial worktag be established for the above listed sponsored project before the University receives the award document.

- 1. We have submitted a budget and time frame for the project. All paperwork for expenditures will be within the allotted budget and time frame.
- 2. We understand that if the approved award document is not received, we will cover the costs incurred on this project. These costs may be charged to the following financial worktag #:
- 3. We understand that if obligations or expenditures are incurred prior to the official award start date and the costs are subsequently disallowed, these costs will be charged to other cost center/unit funds. These costs may be charged to the following financial worktag #:
- 4. We agree that the project will not be included on the Board of Regents Report until the fully executed award document is received. There will be no billing generated by Sponsored Projects until and official award document is received.
- 5. We will assume the responsibility for follow-up on receipt of the award agreement and subsequent routing to Sponsored Projects.

Agreed to by (sign and date below):

Principal Investigator:	Date:
Chair/Director:	Date:
Dean/Vice President:	Date:

Page **2** of **2** SP-4 Rev. 05-13-19