

Form 1304 FR.01 - Instructions

At Risk Account Request Form Instructions

Revision Date: 1/4/17

General Guidance

For additional information on the use and management of at-risk accounts, please refer to Yale Guide 1304

GD01: "At Risk Accounts":

http://your.yale.edu/sites/default/files/1304gd_01atriskaccounts.pdf

FIELD	INSTRUCTIONS
Section I - Demographic Information	
Principal Investigator/Project Director's Name	Enter the full name ("John Q. Smith") of the PI/PD of the project.
Department Name	Enter the name of the department of the PI/PD's home department or the department that has responsibility for the administration of this proposal and any subsequent funding.
Business Office Contact	Enter the name of the contact in the business office/organization that will be responsible for administering the account (usually the PI's business org)
Phone	Enter office phone number of the contact in the business office/organization that will be responsible for administering the account (usually the PI's business org).
Section II - Project and Sponsor Information	
Project Title	Enter the full title of the project/proposal
Sponsor Name	Enter the name of sponsor
Sponsor Award Number (if known)	If known, enter the expected award number to be issued by the sponsor for this funding
Originating Sponsor, if Yale is a Subrecipient	If the anticipated funding to Yale will be in the form of a subaward, indicate the name of the prime source of funding e.g., NIH, NSF, etc.
Section III - Compliance Requirements	
Does the research involve human subjects?	Indicate Yes or No as to whether or not the project will involve human subjects. If 'Yes', indicate the protocol number(s) and congruency date(s). If this information is not included it will be sent back to the department to complete.
Does the research involve animal subjects?	Indicate Yes or No as to whether or not the project will involve animal subjects. If 'Yes' indicate the protocol number(s) and congruency date(s). If this information is not included it will be sent back to the department to complete.
If there is more than one protocol associated with this research, please identify them on an additional sheet listing each and the congruency dates for each.	
Section IV - Award Information	
Type of A-Risk Request	Choose one of the following from the drop down list: Pre-Award Costs or Late Award Notice

At Risk Request Justification	Provide a justification as to why an 'At-Risk' account is needed for this project. The justification should include documentation that funding is imminent.
Anticipated Award will be:	Indicate, by marking with an "X", whether the anticipated award will be: "New", "Renewal" or "Continuation year of funding (to an existing award)
Anticipated Award/Subaward Start Date	Enter the anticipated date sponsor is expecting to make funding available.
Anticipated Award/Subaward End Date	Enter the expected end date of project (including all years of anticipated support).
If Preaward costs, enter the anticipated Preaward Start Date	If preaward, enter the date you wish to begin preaward spending. (NOTE: Most Federal awards allow for pre-award costs 90 days prior to the start date of the award. Other sponsors may allow pre-award, but should be reviewed with your OSP Award or Contract Manager
PTAO	Enter the PTAO (Project#.Task.Yale Award#.Department Org#) of the Yale account that will be revised if an account already exists (i.e., open year two of an existing award when the award notice is late) or indicate "New" if new PTAO will be needed.
F&A Rate	Indicate the F&A rate that is being used to calculate the F&A costs.
F&A Rate Base:	Indicate the F&A rate base upon which the F&A costs are being calculated.
If Salary-over-the-Cap/Cost Sharing, please indicate type:	If the anticipated award includes Salary-over-the-cap/Cost-Sharing, choose from the appropriate type from drop down list.
Award	If Cost-Sharing/Salary-over-the Cap, enter the Yale award (account, "A00000") number for where the cost sharing/salary-over-the-cap will be charged.
Org	Enter the Yale Org number for where the cost sharing/salary-over-the-cap will be charged.
Section V - Award Information	
Source of Departmental Funds (PTAO #)	Enter the PTAO to be charged, if award is not received.
Approval Signatures	Required signatures include the Principal Investigator, Administrator/Business Manager and the Department Chair

