THE UNIVERSITY of NORTH CAROLINA GREENSBORO
Office of Sponsored Programs

# Assumption of Risk Request

***Please attach AOR budget and sponsor confirmation of funding.***

**Request to Initiate/Continue Project (PI to complete and submit to Sponsored Programs)**

AOR Type: ☐ New ☐ Existing Award ☐ Amend Existing AOR
Ramses Proposal #: _____

Name of UNCG PI: _____ UNCG Department: _____

Funding Agency: _____

Award Period of Performance: From:_____ To:_____ Award Amount: _____

Anticipated Award will be: ☐ New ☐ Continuing ☐ Renewal ☐ Supplement
Approval is requested for $_____ from _____to _____.

Describe the request and provide justification. **Please attach sponsor issued documentation confirming pending award**.

_____

_____

## Certifications and Approvals

### PI Certification

I confirm that this request adheres to University policy and a time-sensitive need exists to commit funds prior to funding approval.

_____ _____
Principal Investigator Signature Date

**Central Office Only**

Dated Received by OSP
_____/____/_____

### Sponsored Programs Certification

The Office of Sponsored Programs has reviewed the request and ***recommends*** authorization by the Office of Research and Economic Development.

_____ _____
Sponsored Programs Signature Date

The Office of Sponsored Programs has reviewed the request and ***does not recommend*** authorization by the Office of Research and Economic Development.

_____ _____
Sponsored Programs Signature Date

OSP Comments: _____
_____
_____
_____

Specialist Initials: _____

### Contracts and Grants Certification

The Office of Contracts and Grants has reviewed the request and ***recommends*** authorization by the Office of Research and Economic Development.

_____ _____
Contracts & Grants Signature Date

The Office of Contracts and Grants has reviewed the request and ***does not recommend*** authorization by the Office of Research and Economic Development.

_____ _____
Contracts & Grants Signature Date

C&G Comments: _____
_____
_____
_____

Specialist Initials: _____

### ORED Certification

The Office of Research and Economic Development has reviewed the request and ***approves the Assumption of Risk*** in the amount of $_____ for work to be performed _____/____/_____ to _____/____/_____.

_____ _____
Vice Chancellor for Research Signature Date

The Office of Research and Economic Development has reviewed the request and ***does not approve the Assumption of Risk***.

_____ _____
Vice Chancellor for Research Signature Date

ORED Comments:_____
_____
_____
_____