

ASSUMPTION OF RISK REQUEST FORM



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

Complete this form and submit to your [Grants Specialist](#) in OSP, or to research@uncg.edu.

Project Information

Ramses Proposal Number: P-_____ Current Fund Number, for existing projects: _____

Project Title: _____

UNCG PI: _____ Department: _____

PI Phone: _____ Email: _____

IRB/IACUC approval or exemption is required prior to fund establishment:

Are Human/Animal Subjects involved in this project? Yes No

IRB/IACUC Application Status? Exempt Approved Study Number: _____

Award Information

Anticipated Award will be: New Continuing Renewal Supplement

Funding Agency: _____

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

Request to Initiate / Continue Project

AOR Type: New Existing Award Amend or Extend Existing AOR: Existing AOR Period: _____

AOR Period of Performance: _____ To: _____ AOR Amount: _____

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

Certifications and Approvals

<p align="center">PI Certification</p> <p>I confirm that this request adheres to University policy and a time-sensitive need exists to commit funds prior to funding approval.</p> <p>_____ Principal Investigator Signature Date</p>	<p align="center">Central Office Only</p>
<p align="center">Sponsored Programs Certification</p> <p>The Office of Sponsored Programs has reviewed the request and <input type="checkbox"/> recommends <input type="checkbox"/> does not recommend authorization by the Office of Research and Engagement.</p> <p>_____ Sponsored Programs Signature Date</p>	<p>OSP Comments: _____ _____ _____ Specialist Initials/date: _____</p>
<p align="center">Contracts and Grants Certification</p> <p>The Office of Contracts and Grants has reviewed the request and <input type="checkbox"/> recommends <input type="checkbox"/> does not recommend authorization by the Office of Research and Engagement.</p> <p>_____ Contracts and Grants Signature Date</p>	<p>C&G Comments: _____ _____ _____ Specialist Initials/date: _____</p>
<p align="center">Office of Research and Engagement Certification</p> <p>The Office of Research and Engagement has reviewed the request and <input type="checkbox"/> approves <input type="checkbox"/> does not approve The assumption of risk. Approval is granted in the amount of \$ _____ for work to be performed: _____ to _____.</p> <p>_____ Vice Chancellor for Research Signature Date</p>	<p>ORE Comments: _____ _____ _____</p>