

RISK MEMO for an EXISTING RESEARCH CONTRACT/GRANT

DATE: _____
 FROM PI Name: _____
 CENTER/COLLEGE/UNIT: _____
 TO: Contracts and Grants Accounting
 THRU: Office of Sponsored Programs

I. Information about Existing C&G Org

(a) C&G Org/Fund Number: _____ / _____
 (b) C&G Org Title: _____
 (c) Current Balance in C&G Org: _____ as of _____
 (d) C&G Org POP Begin Date: _____ End Date: _____
 (e) Risk Period Begin Date: _____ End Date: _____ (90 day limit)

II. Information about Risk Org (cannot be a C&G or Cost Share Org)

(a) Risk Org to be used if agency does not cover risk amount: _____
 (b) Risk Org Title: _____
 (c) Current Balance in Risk Org: _____ as of _____
 (d) Amount Currently at Risk on Risk Org: _____
 (to be completed by Rsch Budget Ofc)

III. Choose the box(es) that best fit your situation:

- | | | |
|--------------------------|---|-------------------------------|
| <input type="checkbox"/> | A. Pending No Cost Extension | Amount at Risk: _____ * |
| <input type="checkbox"/> | B. Pending Additional Funds | Amount Overrun Allowed: _____ |
| <input type="checkbox"/> | C. Pending Additional Funds and Extension of POP | Amount Overrun Allowed: _____ |
| <input type="checkbox"/> | D. Pending Approval for Specific Expense | Amount: _____ |
| <input type="checkbox"/> | E. Second 90 day extension of risk period | |
| <input type="checkbox"/> | F. Fixed Price Award Overrun | Amount at Risk: _____ |
| <input type="checkbox"/> | G. Materials & Supplies OR Equip in last 60 days of POP | Amount at Risk: _____ |

*Amount at Risk cannot exceed the current balance available in the C&G Org from Section I (c).

At the end of the risk period, if the agency has not provided funding or approved the request,
 (1) the related expenses will be charged to the Risk Org by C&G Accounting, and
 (2) the C&G Research Org will be frozen.
 Should the agency provide the funding or approve the request after the Risk Org has been charged, OSP will notify C&G Accounting to reverse the journal entry to the Risk Org.

IV. Approvals Required

Principal Investigator _____ Name _____ Date _____	Budget Unit Head _____ Name _____ Date _____
Dean/Director _____ Name _____ Date _____	OSP Contract Admin _____ Name _____ Date _____
OSP Director _____ Name _____ Date _____	non-concurrence: _____ Initials _____ Date _____
Rsch Budget Director _____ Initials _____ Date _____	

VPR approval is necessary if:
 (1) Risk Org (in Section II) belongs to a Research Center and the risk amount is above \$25,000
 (2) Risk Org (in Section II) belongs to a Research Center and the risk amount is \$25,000 or less but was not approved by the OSP Director.
 (3) Selected Option "E. Second 90 day extension" in Section III above.

VP for Research _____ non-concurrence: _____
 Name _____ Date _____ Name _____ Date _____