

## **REQUEST TO ESTABLISH TENTATIVE GRANT | OTHER CAMPUS**

## Disclaimers

- The department/cost center is responsible for all charges if the agreement is not fully executed or if charges are incurred prior to the established begin date.
- F&A will not calculate on expenditures posted to tentative grants until the grant is tied to an award.
- Payroll charges for an employee with a home company that differs from the company specified in the grant name <u>SHOULD</u> <u>NOT</u> be charged to the requested grant.
  - o If these charges are anticipated for the project, please check the "Yes" box below to receive further instruction.

## **Grant Information**

Company	LSUA	LSUE	PBRC		US (Integrov	v #	)
Principal Investigator(s)							
Co-Principal Investigator(s)							
Grant Manager							
Project Title							
Sponsor							
Sub-k Grant(s) Needed	Sub-k Name(s)						
Multi-Company Charges Anticipated*		🗌 Yes	🗌 No				
Fringe Benefit Rate*	🗌 🗌 N	ot Allowe	d Tuitio	on Remis	sion Rate*		Not Allowed
Requested By			÷		Cost Cente	r ID(s)	
Contact Phone					Contact E-r	nail	

\*Form will not be accepted if these fields are not fully completed.

## Function/Purpose

Please check all that apply as se	parate Grants are required for each function	on identified.					
Instruction   FN10	Academic Support   FN40	Institutional Support   FN70					
🗌 Research   FN20	Student Services   FN60	🗌 Operations of Plant & Maintenance   FN80					
Public Service   FN30	🗌 Scholarship/Fellowship   FN90	🗌 Hospital   FN95					
Sponsored Program Accounting (for internal use only)							
Grant Name							

Grant Name				
Grant ID			Fund	
All Grants	☐ Cost Sharing ☐ Subawards	☐ LSUPBRC Grants Fringe Group 3 (41%) ☐ LSUPBRC Grants TR Group 7 (38%)	) 🗌 Gran	its GA Health Insurance

Finance and Administration • Office of Accounting Services • Sponsored Program Accounting	
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