

**REQUEST TO ESTABLISH TENTATIVE GRANT | LSUAM**

**AS494**

**Disclaimers**

- 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 **SHOULD NOT** be charged to the requested grant.

**Proposal/Grant Information**

|                              |               |                        |             |
|------------------------------|---------------|------------------------|-------------|
| Principal Investigator(s)    |               |                        |             |
| Co-Principal Investigator(s) |               |                        |             |
| Project Title                |               |                        |             |
| Sponsor                      |               | Proposal               |             |
| Sub-k Grant(s) Needed        | Sub-k Name(s) |                        |             |
| Fringe Benefit Rate          | Not Allowed   | Tuition Remission Rate | Not Allowed |
| Requested By                 |               | Cost Center ID(s)      |             |
| Contact Phone                |               | Contact E-mail         |             |

Current Significant Financial Interest (SFI) disclosures have been made by the PI, all Co-PIs and any other responsible personnel.  
No pending compliance issues (e.g., IRB, IACUC, IBRDS, radiation safety, export control) exist.

**Function/Purpose**

Please check all that apply as separate Grants are required for each function 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                          |

**Approvals**

The department is responsible for all charges if the agreement is not fully executed or if charges are incurred prior to the established begin date. **Once approved, please forward the completed form to [osp@lsu.edu](mailto:osp@lsu.edu).**

Department Head \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Office of Sponsored Programs \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Sponsored Program Accounting (for internal use only)**

|               |  |      |  |
|---------------|--|------|--|
| Grant Name    |  |      |  |
| Grant ID      |  | Fund |  |
| Grant Manager |  |      |  |

|            |            |                                   |                               |
|------------|------------|-----------------------------------|-------------------------------|
| All Grants | Cost Share | LSUAM Grants Fringe Group 6 (36%) | LSUAM Grants TR Group 7 (38%) |
| Tentative  | Subawards  | Grants GA Health Insurance        | _____                         |