



**University of Alaska Anchorage Assumption of Liability Form**

TO: UAA Office of Sponsored Programs Proposal Number S000  
 Department: \_\_\_\_\_ (will not be processed without a proposal  
 Date: \_\_\_\_\_ having been submitted to OSP.)

**SUBJECT: Request for Restricted Fund Set-up: Assumption of Liability**

Based on: Preliminary conversations with the funding agency's program manager as documented in attached email,  
 Unofficial notification from the funding agency's program manager by the attached email,  
 Other information (please specify and attach available documentation:

I anticipate that the proposed project listed will be awarded and request a UAA restricted fund project number to facilitate the performance of the project. I understand that pre-award expenditures must meet the same guidelines of allowability, allocability, and reasonableness as described by OMB Circular A-21.

Principal Investigator/Project Director: \_\_\_\_\_  
 Sponsoring Agency: \_\_\_\_\_  
 Project Title: \_\_\_\_\_

If funding is not received, or if the sponsor disallows some expenditures, the Department and Dean's office identified below will assume responsibility for such expenditures.

Total amount of anticipated award \$ \_\_\_\_\_  
 Pre-award Start\* and End Dates \_\_\_\_\_ / \_\_\_\_\_  
 Total amount<sup>†</sup> to set up on Assumption of Liability \$ \_\_\_\_\_  
 Department Unrestricted Org Code \_\_\_\_\_  
 School/College Org Code \_\_\_\_\_

The Principal Investigator, Chair and Dean signatures below also certify that **no one**, including graduate or undergraduate student(s) or technical staff, will perform any work on the project until all employment requirements are completed for the individual (e.g., Form I-9, Job Form, etc). Failure to comply with University hiring practices, and federal and state labor laws exposes the University to fines and penalties.

> _____ Principal Investigator (PI) Signature Date Printed Name: _____	> _____ Director/Department Chair Signature Date Printed Name: _____
> _____ Dean Signature Date Printed Name: _____	> _____ Fiscal Officer Signature Date Printed Name: _____

Office of Sponsored Programs Use Only:  
 Approved By: \_\_\_\_\_  
 Elizabeth Dickinson, Acting Director (or designee) Date

Comments: \_\_\_\_\_

\* For pre-award (federal) accounts, the start date must be within 90 days of the awarded project start date; for other agreements, this should be the anticipated contract start date.  
<sup>†</sup> Assumption budget will be created in object code 8003.  
 Revised 11-15-13