**OCG Interim Funding Request Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator: | |  | | Department: |  | |
| Extension: |  | Mail Code: |  | Email |  | |
| Project Title: |  | | |  | | |
| Existing Cost Center: | |  | | | Detailed Budget Attached? |  |

In accordance with the [interim funding guidance on the Division of Research website](http://www.uh.edu/research/resources/faqs/interim-funding/), the department is requesting interim funding for the above-referenced project.

The type of interim funding requested:

|  |  |
| --- | --- |
|  | Time and money (new or existing cost center), OR |
|  | Money only (existing cost center), OR |
|  | Time only (existing cost center). |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Amount of Interim Fundin**g: | | |  | | |
| **Funding Dates** – | from |  | | to | . |

In the event that the award does not materialize, the Department guarantees that any charges posted to the interim funding cost center will be reallocated to a non-sponsored research cost center. You may provide us an applicable cost center for this process: . If none is provided, the Division of Research will move expenditures to the Departmental IDC cost center.

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|  |  |  |  |  |
| Principal Investigator |  | Signature of Principal Investigator |  | Date |
|  |  |  |  |  |
| Guarantor |  | Signature of Guarantor |  | Date |
|  |  |  |  |  |
| OCG Representative |  | Signature of OCG Representative |  | Date |