University of Colorado at Boulder
Office of Contracts and Grants
3100 Marine Street, Room 479, 572 UCB
Boulder, CO 80309-0572

Request to Establish an At-Risk Project*

Date of Request:	
Principal Investigator:	Department:
Project Title:	
Sponsor:	
Proposal #:	Project #:

☐ At-Risk Project Period	
Requested period of performance under At-Risk Project:	
	to
Anticipated award period to be funded by Sponsor:	
	to
Anticipated Amount:	$

Salaries	$	
Fringe Benefits	$	
Equipment	$	
Travel	$	
Supplies	$	
Tuition	$	
Other Direct Costs	$	
Total Direct Cost	$	
Indirect Costs (F & A)	$	
Total Cost	$	

Justification:

_____ PI Signature Date	**Departmental Guarantee for At-Risk Project****
_____ Department Approval Date	_____ Speedtype
_____ OCG Approval Date	**In the event that an award is not made or costs incurred are determined unallowable under the terms of the award, direct costs will be borne by the non-sponsored speedtype authorized above.

*This At-Risk Request establishes a sponsored project account for contracts and grants without Expanded Authorities, as authorized under OMB Circular A-110, to allow work to begin or continue prior to receipt of an official award document. Expenses during the At-Risk period are limited to those authorized above.

Revised 2/09