

**SPONSORED PROGRAMS PROPOSAL  
LETTER OF GUARANTEE**

**PURPOSE:** To create a standard form for all requests of temporary sponsored project funds. This form shall require a solvent index number (an active, non-restrictive index number with adequate balance) plus the Department Head and Dean's signature.

**This guarantee is for a maximum of ninety (90) days.**

**REQUEST FOR TEMPORARY INDEX NUMBER or  
TEMPORARY EXTENSION OF INDEX NUMBER IN ABSENCE OF AN EXECUTED AWARD DOCUMENT**

**PROPOSAL/GRANT INFORMATION:**

**Proposal/Grant Code:** \_\_\_\_\_  
New Index Number (no prior index number) \_\_\_\_\_  
New Index Number for **continuation year** for Current Index Number: \_\_\_\_\_  
**Extension** of Current Index Number: \_\_\_\_\_  
**No Cost Extension** of current Index Number: \_\_\_\_\_  
No Cost Extension End Date: \_\_\_\_\_

**PROJECT INFORMATION:**

Sponsor/Agency: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_  
College: \_\_\_\_\_  
Department/Resource Ctr.: \_\_\_\_\_  
**Contact person to be notified with approval Index Number:**  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Total dollar amount of 90 day period: \_\_\_\_\_  
Start Date of 90-day budget period: \_\_\_\_\_ End Date of 90-day budget period: \_\_\_\_\_

**AN ESTIMATED, ITEMIZED BUDGET MUST BE ATTACHED TO THIS FORM**

**INTENT TO FUND INFORMATION:**

Correspondence of intent to award the project has been received from the sponsor agency (a copy is attached)

**- OR -**

Verbal communication has been received that the project will be awarded and the following information has been obtained:

Agency's Grant/Contract #: \_\_\_\_\_ Amount of Award: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Sponsor Contact Name: \_\_\_\_\_  
Sponsor Contact Phone #: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Principal Investigator*

\_\_\_\_\_  
*Date*

**GUARANTEE:** In the unlikely event that the award is not made, all expenditures are hereby guaranteed by the Department Chair or Director, and this signature serves as the authorization to transfer any expenditures incurred to the index number indicated below.

**THE GUARANTEE INDEX NUMBER IS A SOLVENT ACCOUNT.**

**Index Number:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Dean*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature of Department Head/Center Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Title*