

The form is used to request for Non-Sponsored Project

Instructions

Request Type: Select either initial or modified checked box. If modified is checked, please provide current project number in the space provided.

Requester Information: Enter Name, Campus Telephone, Email Address, and Date Required.

Department: Provide the name of the department that will have ownership of the project.

Source of Funds: Provide the funding source that will be used to fund the project activity i.e. conference fees, sponsorships, donations, etc.

Function: Functional classification of expenses is required by the National Association of College and University Business Officers. (see definitions below)

Description, Purpose & Benefits: Provide a complete description, purpose and benefit for the project activity as this will help determine project values.

Budget: If budget is approved for the new project, type the information in the budget section.

Key Members: Key Members **must** print name and sign the form. There are three Key Member roles defined - Project Manager, Alternate Approver & Project Reconciler.

- **Project Manager (PM)** - assumes the overall responsibility for a project. The PM acts as an approver and is responsible for verifying the legitimacy, appropriateness, and necessity of transactions recorded against the project. The active PM at the end of the fiscal year is responsible to submit the annual certification for the entire FY regardless of when the PM was assigned this role (refer to disclaimer note on form).
- **Alternate Approver (AA)** - during the Project Manager's absence (or by request), the alternate approver acts as the approver on behalf of the PM, verifying the legitimacy, appropriateness, and necessity of transactions recorded against the project.
- **Project Reconciler** - Reconciler is responsible for reviewing each transaction posted against the project, ensuring its accuracy and validating that sufficient source documentation exists (paper form or electronic data residing in Peoplesoft).
- **Project Dean/Director (PDD)** - assumes the responsibility to review the account reconciliations for the PM in case of an audit.

Conflict of Interest Acknowledgement: The Project Manager **must** print name, sign, and date the form.

Route completed form to **Assets Management, EASFC 1.224.**

Note: Incomplete forms will be returned to requester.



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Request for Non-Sponsored Project

<input type="checkbox"/> Initial
<input type="checkbox"/> Modified

Requested by _____ Campus Telephone _____
 Email Address _____ Date Required _____
 Source of Funds _____ Project Owning Department: _____

Function *(See definition on page 2 of Instructions)* _____

Description, Purpose & Benefits: *(Please be specific)*

Budget Items	Provide description of proposed expenditures (travel, M&O, etc.) below. For salaries and wages, include FTEs and positions involved. For scholarships, include the number of awards and the amount of each award. Attach additional pages if necessary.	Amount Requested	Amount Approved
TOTAL FUNDING			

Conflict of Interest Acknowledgement: Project Managers have the responsibility to ensure that they are independent from transactions in their projects in both reality and appearance. Independence may be potentially compromised by non-work relationships that exist with: vendors, employees, donors of scholarship or other funds, scholarship recipients, sponsored project funding agencies, potential future employers, etc. I acknowledge my responsibility to manage my project(s) free of Conflicts of Interests. If I believe I may be in a Conflict of Interest situation, I will disclose it the Vice President of Business Affairs, so that the University can provide guidance in managing it appropriately.

Purchasing Disclaimer: I (we) understand that improper use of orders of less than \$5K (Small Purchase Orders - SPO) through the e-commerce system (iShop) may result in my (our) personal liability for unauthorized transactions or the termination of SPO privileges. I (we) agree to accept responsibility for the proper use of SPO's. I (we) agree to comply with Handbook of Operating Procedures, Section 8.2.3, Purchasing Department guidelines, Purchasing Ethics, UT System employee ethics and standards of conduct, and any other requirements as determined by the Director of Material Management. I (we) understand I (we) and any support staff that will create SPO's for our project must attend training before access to SPO's is granted.

SPO Training is required to approve purchases or transactions through iShop. Questions regarding iShop or SPO Training can be sent to ishop@utrgv.edu.

By signing the form, the Project Manager and the Alternate Approver agree to the terms and conditions above.

<u>Key Members</u>	Print Name	Signature
Project Manager	_____	_____
Alternate Approver	_____	_____
Project Reconciler	_____	_____
Project Dean/Director	_____	_____

Non-Budget Request: If this is a non-budget request, approval of Divisional Vice President is required *(see definition on Page 1 of Instructions)*.

Divisional Vice President _____ (Print Name) _____ (Signature) _____ (Date)

ACCOUNTING USE ONLY			
Projects		GL Values	
Project Type		Project Number	
Project Number		Project Description	
Start Date		Activity	
Supplier Funding Source		Labor Funding Source	
GENERAL LEDGER VALUES			
Funding Source	Department	Project	Function

Initials _____ Date _____