

Proposed Guarantee Account Cover Page

Request Date: _____

Project Title: _____

Sponsor Name: _____

Principal Investigator Name: _____

Proposal Project Period: _____

RASCAL Protrack Number: _____

Human Subject Involved (*if yes please attach a copy of the protocol*): YES NO

Animal Involved (*if yes please attach a copy of the protocol*): YES NO

Foreign Involvement: YES NO

Expected Award Date: _____

Risk Assessment: Low Medium High and Why? *Please provide justification.*

Will award contain pre-award clause? YES NO

Guarantee Account Period (*up to three months*): _____

Department/ Center account number that will guarantee funds: _____

Acknowledgement:

Herein we agree to abide by the primary funding source, Columbia University and Mailman School of Public Health's policies. We are prepared to establish the necessary financial controls consistent with those policies and are responsible for monitoring actual spending vs. budget. We acknowledge that the Department/ Center assumes ultimate and total financial responsibility if the grant is not fully funded.

Department Chair or Center Director Signature and Date

MSPH Dean Office Approval (Signature and Date)

(Applicants must also complete and submit the [Guarantee Account Detail Budget](#))