

# Portland VA Research Foundation

## New Account Request Form

Research  Education

SPONSOR AGENCY: \_\_\_\_\_ PRINCIPAL INVESTIGATOR: \_\_\_\_\_

1 ACCOUNT TITLE: \_\_\_\_\_  
(A 50 character limit)

2 WILL FUNDING SOURCE REQUIRE FINANCIAL REPORTS? YES \_\_\_\_\_ NO \_\_\_\_\_

3 WILL THERE BE ANY SUBCONTRACT AGREEMENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

4 TOTAL PROJECT PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

5 WILL EMPLOYEES BE HIRED AT THE FOUNDATION:  YES How many \_\_\_\_\_  
 NO

### 6 SIGNATURE ACCOUNT AUTHORITY

1 \_\_\_\_\_  
PLEASE PRINT

2 \_\_\_\_\_  
PLEASE PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MAIL CODE PHONE EMAIL

\_\_\_\_\_  
MAIL CODE PHONE EMAIL

### PRINCIPAL INVESTIGATOR: My signature certifies that:

- ▶ The information contained on this form and the corresponding proposal is accurate and complete.
- ▶ It is the responsibility of the PI to ensure that all disbursements of funds are spent according to PVARF policies and procedures and to the guidelines established by the entity that will provide the funds.
- ▶ Individuals may be held personally responsible if a commitment of funds violate the intent of the donor agency.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE STATEMENTS

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR'S SIGNATURE

Please attach a copy of your VA PPQ

### OFFICE USE ONLY:

PI # \_\_\_\_\_  
ACCT # \_\_\_\_\_ FUNDING TERMS \_\_\_\_\_ BILLING REQUIRED:  YES  
MIRB # \_\_\_\_\_ AR VENDOR # \_\_\_\_\_  NO  
INDIRECT COST % \_\_\_\_\_ RECURRING # \_\_\_\_\_ REPORTING REQUIRED:  YES  
SPONSOR'S GRANT # \_\_\_\_\_ FREQ. \_\_\_\_\_  NO  
COPY OF GRANT \_\_\_\_\_ CONTRACT TYPE \_\_\_\_\_ Asset Type \_\_\_\_\_

APPROVALS: \_\_\_\_\_  
Administrative Officer Research Date Executive Director Date  
\_\_\_\_\_  
Accounting Manger Date