

The University of New Mexico, Main & Branch Campuses

PI ELIGIBILITY EXCEPTION REQUEST FORM

As required under the UNM Principal Investigator Eligibility guidance, the following person requests approval to serve as Principal Investigator on the specified sponsored project below.

Name:

Agency/

Banner ID:

Sponsor:

Title:

Cayuse record #:

Proposal

(if available)

Title:

Period of performance: START:

END:

Have you been a UNM PI on previous projects?

SUPPORTING DOCUMENTATION

TRAINING and EXPERIENCE:

Please provide examples certifying that the applicant has the necessary training, experience and independence to compete for the specified sponsored project, and to administer the project. The applicant must complete the Grants Management Training Online course (GMT 100) available via Learning Central <https://learningcentral.health.unm.edu/> by the time the award is received by the University.

CIRCUMSTANCES:

Explain the circumstances that justify the approval of this individual to serve as a Principal Investigator on this project.

FACULTY SPONSOR

Name the Faculty Sponsor who will accept responsibility for the awarded project should the individual leave the University. The Faculty sponsor will be responsible for completing the statement of work and provide final technical reports as needed should the individual leave the University before the award project end date.

RECOMMENDATION/CERTIFICATIONS

We recommend that the above-named individual be approved to serve as Principal Investigator on this project, and certify that the necessary facilities and other required resources will be available to him/her through completion of this project. In the event that this project is funded and the above-named individual leaves the University of New Mexico prior to its completion, the Faculty Sponsor agrees to assume responsibility for the completion of the project and the submission of the final technical or project report due to the sponsoring agency.

APPROVALS

Requestor's Signature *Date* *Printed Name*

Faculty Sponsor Signature *Date* *Printed Name*

*Department Chair/Category III
Center Director/VP Signature* *Date* *Printed Name*

CENTRAL ACCOUNTING OFFICE APPROVAL

To the best of my knowledge, the above-named individual does not have any known performance concerns on previous projects at UNM that resulted in collection issues from the sponsor. In addition, there are no outstanding or delinquent effort certifications, technical reports, or progress reports on previous projects at UNM.

Associate Controller Signature *Date* *Printed Name*