



Office of Research Administration
POST AWARD MANAGEMENT
REQUEST FOR RELATED/CHILD ACCOUNTS

Please complete this form, including signatures by Principal Investigator (PI) and Department Chairperson/Director of administering unit. Send the completed and signed copy to ORA via mail to your Contract Administrator, 3112 Lee Building, email to oraa@umd.edu, or fax to 301-314-9569.

Use this form when requesting related/child accounts under an existing KFS account OR to request the transfer of award dollars from one account to a related/child account. Use additional forms as needed.

If requesting a related/child account which was not detailed in the original award budget, a complete award budget breakdown **must** accompany this completed request form. Failure to provide this information will result in the delay of your request.

All related/child accounts will have the same credit split information as the parent account unless a [DRIF/Credit Percent Change Request Form](#) is completed and sent to ORA.

Parent KFS Account Number: _____ Principal Investigator: _____

Departmental Business contact for questions regarding this request

Name: _____ email: _____ ext. _____

Request for a NEW related/child account

| | |
|---|---|
| Child account amount: Lead Investigator responsible for child account: Lead Department for child account: Indirect Cost Rate for child account: Primary Place of Performance for child account: | Comment(s), including need for child account: |
|---|---|

Request to TRANSFER funds between accounts

| | |
|---|--|
| KFS account to transfer FROM: KFS account to transfer TO: Amount of transfer: | Comment(s), including need for transfer: |
|---|--|

It is the responsibility of the Principal Investigator to determine that funds are available for any allowable changes to the budget. All expenditures on sponsored projects must be allowable, reasonable, and allocable in accordance with Federal cost principles and the specific award conditions. The undersigned certify that the information contained in this form is true and accurate and any funding transfers between accounts are in accordance with the scope and objective of the award and in compliance with the award's Terms and Conditions and University policies.

Signatures

Principal Investigator _____ Date _____

Department Chair/Director/Unit Head or Designee _____ Date _____