

**University of Mississippi Medical Center
Enhancement Program for Research Excellence**

Advance of Indirects Application

Faculty Candidate's Name:

Requesting Department:

Total Advance Requested (\leq transferring indirects):

Date Advance Needed:

Indirect advance requests on transferring awards:

Award #	Project Start & End Date	Unexpended Direct Costs	Unexpended Indirect Costs

What are the startup needs of the candidate?

What other resources will the Department provide the candidate for startup?

How will the candidate's research interests contribute to research programs within the Department and UMMC?

By signing below, I certify the above to be true and accurate to the best of my knowledge.

Department Chair/Dean

Date