

**University of Nebraska - Lincoln
Institutional Prior Approval to Spend (IPAS)**

Principal Investigator(s): _____

Department: _____
(Number and Name)

Granting Agency and, if known, Award Number: _____

Project Title: _____

NUgrant Proposal Number: _____

Complete the following items, if known:

CFDA Number: _____ **F & A Rate:** _____ **Anticipated Award Amount:** _____

Select one: _____ **Federal** _____ **Federal Pass-Thru** _____ **No Federal Participation**

In accordance with OMB Circular A-110 and the Federal Demonstration project, costs incurred within 90 days of the effective date of an award may be charged to an award. Costs are at the risk of the department should the award not be made. A NUgrant proposal routing form and current interest reporting form (IRF) are required. All IRB/IACUC/IBC protocols for this project must be approved.

Department/Unit/College Cost Center to be charged if the award is not made: _____

Provide copies of any correspondence documenting that an award will be made.

Certification

"As Principal Investigator, I certify that this request is necessary for the successful completion of the project."

Principal Investigator

Date

"I have reviewed and approve this request."

Department Chairperson
(College Dean if PI is Chair)

Date

Completed form, along with any attachments, should be sent for review and approval to:
Sponsored Programs, 312 N. 14th St., Alexander Bldg West, 68588-0430

FOR OSP USE ONLY:

Approval

"I have reviewed this request and determined that the request is in accord with institution and funding agency policy."

Sponsored Programs

Date

WBS Number Assigned: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> IRB/IACUC | <input type="checkbox"/> Ionizing Radiation/Hazardous Materials | <input type="checkbox"/> Biosafety |
| <input type="checkbox"/> IRF Current | <input type="checkbox"/> Notify Pre-Award | <input type="checkbox"/> File in Pending |
| <input type="checkbox"/> NUgrant routing | | |