

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

Principal Investigator(s): _____

Department: _____
(Number and Name)

Granting Agency and Award Number (if known): _____

Project Title: _____

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, 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.

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

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: _____

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