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:

Anticipated Award

CFDA Number: ___________   F & A Rate: ___________   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              Date
(College Dean if PI is Chair)

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:___________________________________________

☐ IRB/IACUC  ☐ Ionizing Radiation/Hazardous Materials  ☐ Biosafety
☐ IRF Current  ☐ Notify Pre-Award  ☐ File in Pending
☐ NUgrant routing

Revised: February 2010