

**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 the Uniform Guidance (2 CFR Part 200) 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

**Email** this completed form, along with any attachments, for review and approval to the assigned Project Specialist in the **Office of Sponsored Programs.**

**FOR OSP USE ONLY:**

**Approval**

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

\_\_\_\_\_  
Sponsored Programs \_\_\_\_\_  
Date

**WBS Number Assigned:** \_\_\_\_\_

IRB/IACUC  
 IOARF Current

Ionizing Radiation/Hazardous Materials  
 NUgrant routing

Biosafety  
 Export Controls