

REQUEST FOR INSTITUTIONAL APPROVAL / PRIOR APPROVAL (IPASS)

For more information about the types of requests requiring an IPASS Form, see the [Sponsored Projects Handbook](#)

Project No. Activity No. PT-Rascal No. Principal Investigator Department

Project Title: _____

Sponsoring Agency: _____

TYPE OF REQUEST

Incur Pre-Award Costs Requested Start Date: _____

This is to request authorization to incur pre-award costs within 90 days prior to the beginning date of the referenced project. The costs to be incurred are necessary for the conduct of the project and are allowable under the anticipated award. The pre-award costs will not impair the ability to accomplish project objectives or in any way adversely affect the conduct of the project. The costs will be covered by the following **non-sponsored project** _____ in the event the proposal is not funded (if award has not yet been issued by the sponsor, also check Advance Project below); disallowed by the sponsoring agency; or in excess of the allowable period (usually, 90 days).

Set Up Advance Project Anticipated Start Date: _____

Advance projects for pending and imminent new awards will be set up for 90 days. If the award is not received during the 90-day period, an additional IPASS request may be submitted for review to extend the period of the advance for an additional 90 days. Once the award is received, the start date of the project is changed to reflect the actual start date in the award.

- Documentation and/or supporting correspondence from the sponsor to substantiate the request is attached.
- The cost incurred on the advance project will be covered by the following non-sponsored project _____ in the event the project is not funded, or upon award the actual award start date is later than the anticipated start date, or if the terms of the award disallow certain costs incurred on the project

Continuation of Project: Advance

Please attach written documentation and/or supporting correspondence from the sponsor that the next incremental funding/period of performance will be granted. The cost incurred on the advance period is guaranteed by this non-sponsored account:

Rebudget

Please attach a copy of the current budget (from ARC), the requested revised budget, and your rebudgeting justification below.

No-Cost Extension (NCE) Requested end date: _____

Complete this section for first-time NIH requests ONLY. For all other Sponsors or subsequent NIH NCE requests, contact your SPA Project Officer. Estimated balance remaining at end of current budget period: \$ _____ (Cannot be \$0.00). One of the following criteria must be applicable (select one):

- Additional time beyond the established expiration date is required to ensure adequate completion of the originally approved project;
- Continuity of support is required while a competing continuation application is under review;
- The extension is necessary to permit an orderly phase-out of a project that will not receive continued support.

The justification for this request is:

SIGNATURES

Principal Investigator: _____

Date: _____

Dean/Chair/Director/Designee: _____

Date: _____

Project Officer: _____

Date: _____